

Climb to Beat Breast Cancer Mount Washington Challenge

June 26, 2010

Mail-in Donation Form

Name _____

Address _____

Address _____

City, State, Zip _____

Phone _____

E-mail address _____

___ I would like to support the Mount Washington Challenge Team by making a gift of:

___ \$500 ___ \$250 ___ \$ 100 ___ \$ 50 ___ \$ 25

___ Other \$ _____

___ I would like to support Mount Washington Challenge Team member

(Team member's name)

___ Check enclosed, made payable to St. John Health System Foundations

Visa MasterCard American Express Discover

Card Number _____

Exp. Date _____

___ Please accept my pledge of \$ _____

___ Please send me a pledge reminder when the climb is completed.

Signature _____

(Required for all credit card gifts and pledges)

Date _____

(Required for all credit card gifts and pledges)

Mail form and payment to:

Climb to Beat Breast Cancer ~ Mount Washington Challenge
St. John Health System Foundations
22101 Moross MOB Ste 102
Detroit, MI 48236



ST JOHN
HEALTH
SYSTEM

ST. JOHN HEALTH SYSTEM
FOUNDATIONS