

Women's Wellness Membership Information

I wish to join the Women's Wellness program.

- \$500 (minimum) \$1,000 Other \$ _____

Membership is good for one year and may be renewed on an annual basis. Renewal notification will be sent at the beginning of the quarter for which the member joined.

The full amount of your gift is considered a charitable contribution.

All funds will be deposited into Women's Wellness Pooled Fund with A.T. Still University.

Payment Method:

Enclosed is my check (payable to A.T. Still University) in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

Card Type: MC VISA AMEX DISC

Card # _____

Exp. Date _____ / _____ CV: _____

Signature _____

Name as you'd like it to appear for donor recognition purposes

I prefer to remain anonymous.

Contact Information:

Name Email

Address

City State Zip

Home Phone Work Phone Fax

Please mail this form with payment to:

**A.T. Still University
Women's Wellness Program
Institutional Advancement Office
5850 East Still Circle
Mesa, AZ 85206**

For further information, please contact ATSU's Institutional Advancement Office at 480.219.6115.

www.atsu.edu

www.atsuwomenswellness.org