



A Women's Wellness Center



"By the Grace of God, my life has been transformed, just as He transforms Butterflies"

www.aWomensWellnessCenter.org

We are calling all angels to become "Angels of Hope." With your donation women will receive the gift of much needed specialized services and products that research has shown greatly improves the quality of her life and increases her chances of survival.

A Women's Wellness Center a Non-Profit 501 (c) 3 organization

Tax Exempt Number Provided Upon Request

Name: _____ Telephone: _____

Address: _____ City: _____ Zip Code: _____

Company (if applicable) _____

Email: _____

Add you to contact list: YES NO

My gift is: In memory of: _____

In honor of: _____

My monthly gift is for: One Woman \$50 Two Women \$100 Three Women \$150

Four Women \$200 other - specify amount \$ _____

Donation Schedule: One Time Donation \$ _____ Monthly \$ _____

Quarterly \$ _____ Yearly \$ _____

Payment Method: Cash Check: check # _____ (attach voided check for debit)

Credit Card: Visa M/C AMEX

Visit www.firstgiving.com/aWomensWellnessCenter or fill out the information below:

Card Holder Name: _____

Card #: _____ Expires: _____

Card Holder Signature _____ Date _____

Organize an event

Receipt Requested

List Marketing Materials

Anonymity Preferred

Please mail with donation to:

A Women's Wellness Center, 261 Church Ave., Chula Vista, CA 91910