



**Yes! I want to support the health and empowerment of women and children
with a tax-deductible contribution!**

	Annually	Monthly
<input type="checkbox"/> Benefactor	\$1,200.00	\$100.00
<input type="checkbox"/> Patron	600.00	50.00
<input type="checkbox"/> Sponsor	300.00	25.00
<input type="checkbox"/> Supporter	120.00	10.00
<input type="checkbox"/> Friend	60.00	5.00
<input type="checkbox"/> Contributing Donor	_____	_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone: _____

Method of Payment:

- Check
- Visa/Mastercard (circle one)
- Monthly Electronic Transfer (15th of each month; credit card or check)*
- Payroll deduction program (Healthworks staff only)*
- My company has a matching gift program. Company name: _____

Credit Card #: _____ Exp. date: ____ / ____

Bank Name: _____

Account Number (Bank Draft): _____

Routing Number (**attach voided check**): _____

Signature: _____

I am interested in volunteering for the Foundation. Please contact me.

Please mail this form to The Healthworks Foundation, 441 Stuart Street, 4th Floor, Boston, MA 02116 or
fax to (617) 859-5821 or drop it off at the front desk at any Healthworks Fitness Center.
Thank you!

*Accounts will continue to be billed monthly until donor notifies The Healthworks Foundation. Please allow 7 business days for cancellation.
All donations are tax-deductible to the fullest extent provided by the IRS.