



## Enrollment Form

Please enroll me in Women Who Care: (You may also enroll online at [www.FortHealthCare.com/WWC](http://www.FortHealthCare.com/WWC))

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_ Associate \$125

\_\_\_\_\_ Friend \$250

\_\_\_\_\_ Champion \$500

\_\_\_\_\_ Benefactor \$1000

Please make checks payable to:

Fort Memorial Hospital Foundation

611 E. Sherman Ave

Fort Atkinson, WI 53538

OR

Pay online at [www.FortHealthCare.com/WWC](http://www.FortHealthCare.com/WWC)