



WBHI MEMBER FORM

MEMBER NAME

MEMBER SIGNATURE

ADDRESS

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

PHONE NUMBER

EMAIL

YOUR GENEROUS GIFT ALLOWS US TO REACH MORE & TEACH MORE

YES, JOIN ME UP AS A WBHI MEMBER!

- CLASSIC // \$1,000 ANNUALLY
- PREMIUM // \$2,500 ANNUALLY
- OPTIMUM // \$5,000 ANNUALLY
- PLATINUM // \$10,000 ANNUALLY
- ELITE // \$25,000 ANNUALLY
- LIFETIME // \$100,000+ (ONE TIME GIFT)

MILLENNIAL MINDS // \$365 ANNUALLY
(FOR THOSE UNDER 40)

AT THIS TIME, I'D PREFER TO MAKE A SINGLE CONTRIBUTION OF:

PAYMENT FOR THIS YEAR:

I HAVE ENCLOSED A CHEQUE PAYABLE TO WOMEN'S BRAIN HEALTH INITIATIVE, OR

PLEASE CHARGE MY CREDIT CARD

IF YOU WOULD LIKE TO HONOUR OR DEDICATE A MEMBERSHIP IN THE NAME OF A LOVED ONE, OR IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT: 1-888-927-2011 OR INFO@WOMENSBRAINHEALTH.ORG

CREDIT CARD NUMBER

CVD

EXPIRY DATE: MM/YY

PLEASE INDICATE IF YOU WOULD LIKE TO DISCUSS MAKING A PLANNED GIFT TO WOMEN'S BRAIN HEALTH INITIATIVE. I'D PREFER TO BE CHARGED MONTHLY

THANK YOU FOR YOUR GIFT. Receipts will be issued for donations of \$20 or more, for the maximum allowable by law.