



Women Who Care

Honoree Form

Think of the women who are important in your life... wonderful women who have touched your spirit... who make your life happier and more meaningful. Women in your family, including your mother, wife, sister, daughter and aunt. Women you know well and admire such as friends, neighbors and co-workers.

If the thought of these special women brings a smile to your face, you have an opportunity to bring a smile to their faces by honoring them in a unique - way: through the **Sun Health Foundation Women Who Care program**.

You can say "I love you," "I thank you" and "I admire you" to all the women who mean, or have meant, so much to you. Simply fill out the form below and mail or fax it in to show how much you care.

Yes, I want to honor an important woman by including her name as one of the **Women Who Care** featured world-wide on the Sun Health Foundation website (www.sunhealthfoundation.org).

Name of Honoree: _____ City: _____ State: _____

Country (You may wish to use birthplace or where she spent her life): _____

- Enclosed is my gift of **\$125** for each woman I am honoring
- Enclosed is a photo for each woman I am honoring

Why you are honoring her: Feel free to describe her life, her contributions and any information you wish to share with others. (If additional space is needed, you may attach a separate sheet of paper.)

Preferred Method of Gifting:

- Personal Check - Please make your check payable to Sun Health Foundation and mail it along with your completed **Women Who Care** form.
- Credit Card Visa: _____ Mastercard: _____ Discover: _____ American Express: _____
Name of Card Holder: _____ Card #: _____ Exp. Date: _____
Amount: (min of \$125 per honoree) _____ Phone: _____
Address: _____ City/State/Zip: _____
Signature: _____ Date: _____

Sun Health Foundation supports several nonprofit healthcare facilities. Please indicate the facility you would like your gift to benefit:

If you would like an Acknowledgment Card sent to the woman you are honoring, please list her current mailing address - or the name and address of the appropriate family member to be notified.

Acknowledgment Card Name: _____

Address: _____ City/State/Zip: _____

Please complete the form and send your completed forms, photographs and tax-deductible contribution to **The Sun Health Foundation, P.O. Box 2015, Sun City, Arizona 85372** or fax it to **623/876-6686**. Feel free to attach a longer description for the "Why you are honoring her" section. The original photo will be returned to you via mail. For questions call The Sun Health Foundation at **623/876-5330**.