

CONTRIBUTION TRACKING

There is no minimal to raise but it is easy to collect \$200.00 in few days!

Here is how it works;

Ask your spouse/partner for \$20 -----	\$20
Ask a coworker for \$20-----	\$ 40
Ask a friend for \$20 -----	-\$ 60
E-mail a relative and ask for \$20 -----	\$80
Ask a neighbor/ roommate for \$20 -----	\$100

Ask two or more people at church for \$10 -----	\$120
Ask your boss or others for \$20 -----	----\$140
Ask two members from your club/ meeting for \$10 --	-\$160
E-mail more friends for and ask for \$20 -----	\$180
Contribute your own \$20 -----	\$200!

Great Progress Member's name: _____
State: _____
Team Name: _____

Sponsor's Names	Donation check/cash	Donation online/credit card	Matching gifts
Pat Mark	\$40	\$200	\$40
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			

24.			
25.			
26.			
27.			
28.			
29.			
30.			

Making Great Progress against
women's health problems and to
promote quality health care centers in
Rural Areas of Nigeria

Registration form

*Please print neatly in black ink using
capital letters*

Event Location: _____

TEAM NAME: _____

TITLE (Mr., Mrs., Ms., Dr.) _____

FIRST NAME: _____

LAST: _____

E-MAIL ADDRESS: _____

COMPANY/ORG NAME: _____

COMPANY ADDRESS: _____

STATE _____ CITY: _____

ZIP CODE: _____

HOME ADDRESS: _____

STATE _____ CITY: _____

ZIP CODE: _____

PHONE: _____ FAX: _____

PLEASE ANSWER THESE QUESTIONS CORRECTLY:

SELECT THE RACE /ETHNICITY WITH WHICH YOU MUST CLOSELY IDENTIFY TO HELP VINMABEL WOMEN COMPREHENSIVE HEALTH FOUNDATION BETTER SERVE OUR COMMUNITY AND ITS POPULATION (PLEASE SELECT ONE)

African American/ black () American Indian/Alaskan Native () Asian ()

Caucasian/White () Hispanic/Latino () Pacific Islander () Others ()

NOTE: If you are 40 or older and would like an e-mail reminder to get your yearly Physical, Pap smear and Mammogram, please enter the month you would like to be reminded (example 03= March)

I HAVE DIABETES, HEARTH DEASEACE, CANCER OR OTHER HEALTH PROBLEMS.
MY MOST RECENT DIAGNOSIS WAS:

Please mane the type of cancer or others!

➤ _____

➤ _____

Date of diagnosis was: _____

WAIVER: In consideration of being permitted to participate in making great progress against women comprehensive health problems, I hereby for myself, my heirs, and my personal preventatives assume any and all risks that might be associated with the event. I further waive, release, discharge, and covenant not to sue **VinMabel Woman** Comprehensive Health Foundation, its officers, employee, sponsors, organizers, volunteers, or other representatives, or agents or their successors and assigns or the owner of the site for the event or their respective officers, employer or other representatives, or agents or their successors and assigns for any injuries or damages of any kind whatsoever suffered as a result of me and/or my child taking part in the event and any related activities. I also agree to the use of any photo, film, or video tape of the event for any purpose. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Participant/guardian signature; _____

Date: _____