



*I WANT TO BE A  
HADASSAH HEROINE!*

A Hadassah Heroine makes a commitment of \$100.00/year for five (years). Each Hadassah Heroine will receive a pin for making this pledge.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone no: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Enclosed is my check in the amount of \$100.

Each payment will be considered a donation to Hadassah, the Women's Zionist Organization of America, Inc. to support our work in healing, teaching and research.

**Please mail your payment to: ARLEENE HENDRICK, P.O. Box 1084, Ashburn, VA 20146.**