

**THE WOMEN'S AUXILIARY**  
Saint Francis Hospital and Medical Center



**MEMORIAL AND HONOR FUND**

**IN MEMORY OF:** \_\_\_\_\_

**OR**

**IN HONOR OF:** \_\_\_\_\_

**Please indicate occasion of: (birthday, anniversary, recovery, etc.)**

\_\_\_\_\_

**DONOR:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**WHOM TO NOTIFY:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**Make checks payable to: Women's Auxiliary - Memorial & Honor Fund**

**Send check to:** Betty Hellerman  
122 Turnberry Lane  
Windsor, CT 06095

These gifts are acknowledged in our Newsletter and all persons listed in the Memorial and Honor Fund are also remembered at our annual Mass each April.

All funds received are directed toward the fulfillment of Auxiliary commitments.