

WISH Program

Beaumont Women's Initiative for Pelvic Pain and Sexual Health

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\$15 donation to The WISH Program

**As a Friend of the WISH Program you'll receive:**

- A Guided Imagery CD for relaxation for Pelvic Pain/IC

Name (*please print*) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_

Email address: (*Optional*) \_\_\_\_\_

Please make checks payable to:  
The Beaumont Foundation/WISH Program  
P.O. Box 58002  
Troy, MI 48007-9620

\*Credit Cards: Visa/Mastercard/Discover accepted.

Name on the Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Mail this completed form to the above address.

If you have any questions, please contact us @ (248) 551-3565

Can we contact you for future studies? YES NO

\*Additional CDs are available to purchase @ \$15.00 each

Total CDs ordered \_\_\_\_\_