



The Women's Heart Center

I would like to order _____ Gift Certificates for a comprehensive screening at The Women's Heart Center at St. Joseph's.

PLEASE PRINT

Your Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Please list the names and telephone numbers of the ladies who will receive gift certificates.

PLEASE PRINT

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Please enclose a check or money order, payable to The Women's Heart Center at St. Joseph's. Each gift certificate is \$30.00. Please enclose your check and this form and mail to:

St. Joseph's Wayne Hospital
224 Hamburg Turnpike
Attention: Women's Heart Center
Wayne, NJ 07470-9981

Gift certificates will be mailed to you at your address, as indicated.

Each recipient will be called to schedule an appointment. Appointments are available at St. Joseph's Wayne Hospital or St. Joseph's Regional Medical Center.

If you have any questions, please feel free to call 973.754.2600.