

# Women's Health Needs STUDY

Congratulations! The person who gave you this card thinks you would be a good fit for our study.

**INTERESTED IN BEING PART OF THE WOMEN'S HEALTH NEEDS STUDY?**

Please contact (NAME) for more information.

CODE WORD: XYZ

Call **12345** or email **[WomensHealthNeeds@norc.org](mailto:WomensHealthNeeds@norc.org)**