## MIDWEST MEDICAL CENTER AUXILIARY MEMBERSHIP FORM

Active Membership Dues: \$15.00			Membership runs from October 1 to September 30.		
NAME:					
ADDRESS:					
CITY:			STATE: ZIP:		
PHONE:					
EMAIL:			announcements) is by 6		
Volunteer opportu	inities: Pleas	se indicate your ar	rea of interest.		
Gift Shop□ Tree	e of Love□	Elks Dinners□	Senior Care Activities□	Bake Sale□	Special Activities□
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		SUPPOR	TIVE MEMBERSHIP		
If you want to sup Supportive Members	port the Aux ership. You	iliary, but not par will receive inforn	ticipate in the above volur nation on all Auxiliary eve	nteer activities, ents.	consider the
Supportive Memb	ership Dues	<u>:</u>			
Individual or Busi	iness: \$20.00	)() \$30.00()	\$50.00 ( ) Other \$		
PLEASE MAKE C	CHECKS PAY	YABLE TO: MID	WEST MEDICAL CENTI	ER AUXILIAR	Y

MAIL TO:

MIDWEST MEDICAL CENTER AUXILIARY

ATTN: MEMBERSHIP CHAIR ONE MEDICAL CENTER DRIVE

GALENA, IL 61036

## THANK YOU

Your membership dues are the foundation for the Auxiliary's efforts to support Midwest Medical Center and the Senior Care Facility. These dues and our fundraising activities enable us to donate items that <u>directly</u> enhance patient care to various departments.

Your participation, either financially and/or volunteer-wise, continues to be needed and appreciated.

A Thank You doesn't seem to be enough, but THANK YOU.

Sincerely,

MIDWEST MEDICAL CENTER AUXILIARY