

Auxiliary of Bethesda Hospital

Please enroll me as:

an **Active Member** of the Auxiliary. I am interested in taking an active role in the Auxiliary. I have checked areas of interest to me on his card. I have enclosed my annual dues of \$15.

a **Sustaining Member** of the Auxiliary. I will support Bethesda through the Auxiliary. However, I am unable to participate in Auxiliary activities at this time. I have enclosed my annual dues of \$25.

a **Life Member** of the Auxiliary. (Can be active or sustaining) I have enclosed dues of \$150 as a one-time donation.

Please make your check payable to **Auxiliary of Bethesda Hospital** and return it to:

Auxiliary of Bethesda Hospital
c/o Bethesda Foundation Inc.
10500 Montgomery Road
Cincinnati, OH 45242

NAME _____

ADDRESS _____

CITY _____ STATE _____

Email _____ ZIP _____

PHONE* (days) _____

(evenings) _____

*Please circle the phone number you would like listed in the Membership Directory.



I would like to participate in one or more of the activities listed below.

Please check your choice(s):

- Auxiliary Luncheons
- Fund Raising Events
- Public Relations
- Jewelry Sales
- Christmas Tree Decorating
- Helping with Mailings
- Chairing a Committee
- Helping in the Foundation Office
- Sewing Christmas Stockings for Newborns (by machine)
- Making Holiday Tray Favors for Patients
- Knitting Baby Hats
- Call me if you need me!**