

## Auxiliary of Bethesda Hospital

Please enroll me as:

An **ACTIVE MEMBER**. I will support the Auxiliary with annual dues of \$20 and a donation of time. I have checked areas of interest on this card and have enclosed my annual dues.

A **SUSTAINING MEMBER**. I will support the Auxiliary through annual dues of \$30 but I am unable to donate my time at Auxiliary events. I have enclosed my annual dues.

A **LIFETIME MEMBER**. I will support the Auxiliary through a one-time payment of \$150 and a donation of time, as my schedule permits. I have checked areas of interest on this card and have enclosed my contribution.

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 \_\_\_\_\_ ZIP \_\_\_\_\_

Email\* \_\_\_\_\_

PREFERRED PHONE # \_\_\_\_\_

\_\_\_ I prefer only my name be printed in the Auxiliary membership directory.

\* If you provide your email address, we can keep you better informed of the Auxiliary's activities.



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

*Please check your choice(s):*

- Assist in planning Auxiliary luncheons
- Assist at fund-raising events and special sales
- Assist with Christmas decorating
- Help with Auxiliary mailings
- Serve on a committee
- Assemble holiday tray favors for patients
- Participate in community outreach activities
- Serve at in-house celebrations (e.g., Fat Tuesday ice cream social, Bethesda anniversary)
- Share your talent with us! I can offer assistance in the following way(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_