

## **Friends of Saint Anne's Hospital Membership Form**

- Yes, I would like to **renew** my membership as a Friend of Saint Anne's Hospital in 2008!  
*Enclosed is a **dues check for \$20\*** made payable to the Friends of Saint Anne's Hospital*
  
- Yes, I would like to become a **new member** of the Friends of Saint Anne's Hospital in 2008!  
*Enclosed is a **dues check for \$20\*** made payable to the Friends of Saint Anne's Hospital*

Please indicate the specific event(s) for which you wish to **volunteer**:

- |   |   |
|---|---|
| <input type="checkbox"/> Christmas Luncheon | <input type="checkbox"/> Ladies' Night Out      |
| <input type="checkbox"/> Money Tree Raffle  | <input type="checkbox"/> Theatrical Performance |
| <input type="checkbox"/> Spring Basket      | <input type="checkbox"/> Candlelight Ball       |
| <input type="checkbox"/> Hoedown            | <input type="checkbox"/> Bike Challenge         |

I am interested in **volunteering** for (please check all that apply):

- Décor Committee for an event
- Planning Committee for an event
- Day-of-event logistics (raffle sales, registration table, information table, set-up, etc.)
- Pre-event logistics (compiling mailings, favor assembly, etc.)
- The Saint Anne's Hospital Gift Shop

### **Contact Information**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_@\_\_\_\_\_

\* Please enclose a dues check for \$20 made payable to the Friends of Saint Anne's Hospital and return it, along with this form, to Geraldine Holewiak, FSAH Membership, c/o 28 Holly Circle, Tiverton, RI 02878

### **Junior Friends of Saint Anne's Hospital**

The Friends of Saint Anne's Hospital invite young leaders, ages 8-18, to participate in the Junior Friends of Saint Anne's Hospital. This group will assist in Friends fundraising events wherever possible and will coordinate and execute separate Junior Friends fundraising activities.

- Yes, I would like to **renew** my membership in the Junior Friends of Saint Anne's Hospital. Send my complimentary membership to:
  
- Yes, I would like to become a **new member** of the Junior Friends of Saint Anne's Hospital. Send my complimentary membership to:

Junior Member Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Junior Member Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Junior Member E-Mail Address : \_\_\_\_\_@\_\_\_\_\_