

Pullman Regional Hospital Auxiliary Membership Form

Please fill out the membership form below or pass it on to a friend.

Name:

Address:

Telephone:

E-mail Address:

Membership Dues: * \$10 Additional Contribution: _____

Mail your membership form to:

Patricia Wright
1020 SE Sunnymeade
Pullman, WA 99163

Please check below those events in which you are interested.**

- | | |
|--|--|
| <input type="checkbox"/> Blood Drives | <input type="checkbox"/> Membership Recruitment |
| <input type="checkbox"/> Candy Sale | <input type="checkbox"/> Newborn Hats |
| <input type="checkbox"/> Christmas Tea | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Christmas Tree Raffle | <input type="checkbox"/> Spring Luncheon |
| <input type="checkbox"/> Gift Garden | <input type="checkbox"/> Unable to participate at this
time but would like to join
and/or contribute |
| <input type="checkbox"/> Have-A-Heart | |
| <input type="checkbox"/> Information Desk | |

Thank you for your support

**Your canceled check will be your receipt*