



# LEVINDALE AUXILIARY, INC.

*Affiliated with LifeBridge Health*

Dear Auxiliary Supporter,

July 2016

The Levindale Auxiliary is thankful for your past support. Your membership and commitment enables the Auxiliary to continue to provide all the “extras” for the residents of Levindale. From a trip to the ice cream parlor to supplying Bingo prizes, you can make a difference in the lives our residents. More than that, the Auxiliary brings the Jewish Home to the people who now reside at Levindale. Many of the holidays and Shabbat are enhanced because of the Auxiliary’s hard work and your financial support.

In the coming year, the Auxiliary is planning various events for our residents, from snowball parties in the summer, to Holiday celebrations, Chanukah gifts, and more. We will once again be honoring our members at our third Annual Paid- Up Membership Champagne Brunch in the Fall. Planning for the 2017 Spring Fundraiser has already begun.

Your Membership Dues are important to us! The Auxiliary relies solely on our dues, donations, and fundraising efforts to fulfill our mission - To brighten and enhance the lives of our residents. Of course, the Auxiliary always welcomes your involvement in any of our activities.

Please show your support of the Auxiliary by returning the next page with your tax-deductible 2016-2017 Membership Dues as soon as possible. I also urge you to consider becoming a Life Member, because our work never stops!

Sincerely yours,



Marcia S. Bornfriend, President  
Levindale Auxiliary

**Levindale Auxiliary - Annual Membership Renewal 2016 - 2017**

YES! I want to join Levindale Auxiliary for 2016-2017!

Enclosed is my payment of \$\_\_\_\_\_.

I've indicated my membership level below and, my most current mailing information. The Auxiliary is going "green" so I've provided my e-mail address, too.

First Name (Mrs./Ms./Dr.) \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse First Name (Mr./Dr.) \_\_\_\_\_ Last Name \_\_\_\_\_

Address

\_\_\_\_\_

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

Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address (please print)

\_\_\_\_\_

Credit Card #(Visa, Master Card, Discover) \_\_\_\_\_

Exp. Date \_\_\_\_\_

I would be interested in learning more about becoming an active Board Member

Yes     No

I would be interested in working on a committee to plan an event \_\_\_\_ Yes\_\_\_\_ No

MEMBERSHIP LEVEL:  Individual (\$36)  Life Member \$360  Donation

\$\_\_\_\_\_

Payment may be in the form of a credit card or check payable to:

LEVINDALE AUXILIARY, INC.

2434 W. Belvedere Avenue, Baltimore, MD 21215

Questions? Please call 410-601-2378 or [levindaleauxiliary@lifebridgehealth.org](mailto:levindaleauxiliary@lifebridgehealth.org)