

Levindale Auxiliary - Annual Membership Renewal 2020-2021

YES! I want to join Levindale Auxiliary for 2020-2021.

Enclosed is my payment of \$_____.

I've indicated my membership level below and, my most current mailing information.

First Name (Mrs./Ms./Dr.) _____ Last Name _____

Spouse First Name (Mr./Dr.) _____ Last Name _____

Address _____

City _____ State _____ Zipcode _____

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
www.levindaleauxiliary.org

Questions? Please call 410-601-2378 or levindaleauxiliary@lifebridgehealth.org