Levindale Auxiliary | LIFEBRIDGE HEALTH CARE BRAVELY

ANNUAL MEMBERSHIP
2026-2027

YES! I want to join the Levindale Auxiliary.

MEMBER INFORMATION

First Name / Title _____	**Last Name** _____
Spouse First Name / Title _____	**Spouse Last Name** _____
Address _____	**City / State / ZIP** _____
Home Phone _____	**Cell Phone** _____
Email Address (please print) _____	

I would like to learn more about: □ Becoming an active Board Member □ Working on a committee or planning an event

MEMBERSHIP SELECTION

□ Individual Membership - $36 □ Life Membership - $360 □ Donation $_____

□ **Life Membership Payment Plan:** two payments of $180. The second payment is due four months after the first payment date.

First payment date: _____ Second payment due: _____

PAYMENT INFORMATION

Amount enclosed: $_____ Payment method: □ Check □ Credit Card □ Zeffy

Credit Card Number (Visa, Mastercard, Discover): _____

Expiration Date: _____ 3-Digit Security Code: _____

Billing ZIP Code: _____

Make checks payable to LEVINDALE AUXILIARY, INC. and mail with this form to: 2434 W. Belvedere Avenue, Baltimore, MD 21215

Pay online with Zeffy

Scan the QR code to pay securely through our nonprofit Zeffy payment page. Your payment and membership information will be recorded automatically.

Your support helps provide valuable programs and special extras for Levindale residents and clients.

Questions? 410-601-2378 | levindaleauxiliary@lifebridgehealth.org | Thank you!