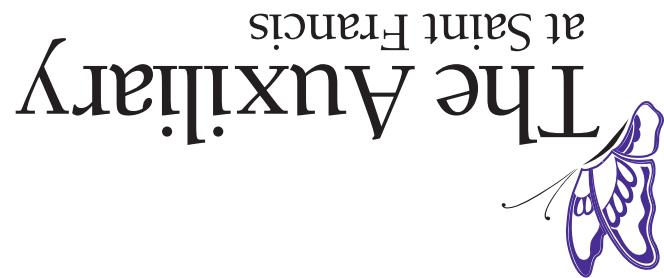


for your support and generosity!  
The Auxiliary thanks you



THE AUXILIARY  
Saint Francis Hospital and Medical Center  
114 Woodland Street  
Hartford, CT 06105

Your  
stamp  
adds to  
your gift.

## Make a Difference – Join Us!

As a member of the Auxiliary, you are contributing to the proud tradition of service to Saint Francis Hospital and Medical Center.

*Your Membership Includes:*

- Auxiliary newsletter
- Invitations to Auxiliary special events
- Lifetime Members names will be engraved on the Auxiliary Plaque in the hospital lobby

*We understand that everyone's time is valuable. You can choose your level of involvement:*

- Dues only
- Attend fundraisers
- Volunteer for a special project or a planned special event
- Volunteer on a regular basis, weekly or monthly for a special project

Our strength as an organization is dependent upon the many women and men who give so generously of their time and talent.

There are numerous volunteer opportunities for our members ranging from assisting at the special events or selling Christmas ribbons, to working in our Gift Shop, Blossoms Flower Shop, Repetitions or the Driscoll Butterfly Boutique. *If you would like to be involved, your commitment can vary from once a week to once a year.*

We hope you will consider joining us as a member of this rewarding organization. Auxiliary members are a unique and valuable resource to Saint Francis Hospital and Medical Center and the community.

### Annual Memberships

- \$15 Supporting       \$50 Sustaining
- \$25 Contributing       \$100 Patron
- \$\_\_\_\_\_ Other (Please specify amount)
- \$200 per person Lifetime Member minimum contribution
- (If you are a current lifetime member and would like to make an additional contribution, please indicate the amount of your donation: \$\_\_\_\_\_)

*Please make check payable to The Auxiliary of SFHMC*

- New Member       Renewing Member
- Employee       Saint Francis       Mt. Sinai
- I would like to be contacted to learn more about volunteer opportunities.

### Membership Application

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_