



MedStar Franklin Square
Medical Center

Auxiliary

AUXILIARY MEMBERSHIP FORM

I am interested in joining the MedStar Franklin Square Medical Center Auxiliary and helping with the following fundraising efforts:

- | | |
|--|--|
| <input type="checkbox"/> Bake Sales | <input type="checkbox"/> Bull Roast |
| <input type="checkbox"/> Vendor Sales | <input type="checkbox"/> Spring Tea |
| <input type="checkbox"/> Thrift Boutique | <input type="checkbox"/> Auxiliary Gift Shop |
| <input type="checkbox"/> Hallway Sales | <input type="checkbox"/> Handmade Holiday Bazaar |

Other Interests: _____

Thank you for your participation!

Returning Member or New Member? _____

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: Home _____ Cell _____

Email Address: _____ DOB: _____

Thank you for joining our mission!

I would like to make a membership donation to the Auxiliary at MedStar Franklin Square Medical Center.

My special gift is: \$100 \$75 \$50 \$25 \$ _____

Please make your check payable to MedStar Franklin Square Center Auxiliary- 9000 Franklin Square Drive Baltimore, MD. 21237 Volunteer Services Department 443-777-7241

Thank you so much for your generosity!