

**W.C.A. Hospital Auxiliary
Annual Dues
(Please Check One)**

- \$10.00 Supporting Member
 - \$25.00 Patron Member
 - Other (Whatever support you are able to make) \$_____
- (Make checks payable to W.C.A. Hospital Auxiliary)*

Member Information

Name: _____

Address: _____

Telephone No: _____

E-mail: _____

Amount Enclosed: \$_____

If you have questions, please call the WCA Hospital Volunteer Office @ 664-8388

Please mail your check, payable to WCA Hospital Auxiliary and this form to:

*WCA Hospital Auxiliary
PO Box 32
Lakewood, NY 14750*

THANK YOU FOR YOUR SUPPORT!