

**WCA Hospital Auxiliary
Annual Membership Response Card**

Enclosed is my membership fee of (please check one):

\$25.00 Patron Member

\$10.00 Supporting Member

In addition to my membership fee (\$ _____), enclosed is an additional tax-deductible gift of \$ _____.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Please make checks payable to: **WCA Hospital Auxiliary**
& return completed response card to: WCA Office of Development, PO Box 840, Jamestown, NY 14702-0840.

If you have any questions, please call the WCA Office of Development at (716) 664-8423. **Thank you!**