



MEMBERSHIP TYPES:

Annual Membership = \$25 per year

Lifetime Membership = \$150, or 3 consecutive annual payments of \$50

To join the Angels or to receive more information, please complete this form and mail to the address below.

*I am interested in the following committees (check one or more):*

- |   |  |
|---|--|
| <input type="checkbox"/> Autumn Chase Fun Run                     | <input type="checkbox"/> Swim for Melissa  |
| <input type="checkbox"/> Liz Hurley Ribbon Run                    | <input type="checkbox"/> Crafts            |
| <input type="checkbox"/> BMW Brunch                               | <input type="checkbox"/> Special Events    |
| <input type="checkbox"/> Holiday Decorating                       | <input type="checkbox"/> Pre-Surgery Calls |
| <input type="checkbox"/> Let's Pretend Hospital                   | <input type="checkbox"/> New Mother Gifts  |
| <input type="checkbox"/> Premie Reunion Party                     | <input type="checkbox"/> Gift Shop         |
| <input type="checkbox"/> Teen Angels ( <i>Dues not required</i> ) |  |

Name \_\_\_\_\_  
 Spouse Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Evening Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Type of Membership Requested:     Annual \$25  
    Lifetime \$150  
    or \$50 (3 consecutive annual payments)  
   +  *Donation*  
 TOTAL    \$ \_\_\_\_\_

Make checks payable to Huntsville Hospital Foundation  
 Visa/Mastercard/Amex # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*Mail to:*  
***Angels for Children***  
 c/o Huntsville Hospital Foundation  
 101 Sivley Road  
 Huntsville, AL 35801  
 256.265.8077  
 fax: 256.265.9456