



WOMAN'S BOARD OF DAY KIMBALL HOSPITAL

Membership Application

Ms. Mrs. Miss Dr.

Name: _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Membership Gift

- \$ 35 Friend
- \$ 50 Supporter
- \$100 Sustainer
- \$200 Donor
- \$500 Patron

Please make your check payable to **WBDKH**, and mail it to:

Wanda Mineo
349 New Sweden Road
Woodstock, CT 06281

Questions ? Contact Wanda
860-377-0586
wandamineo@gmail.com

I am interested in helping with the following (*check all that apply*):

- | | |
|----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Social Events | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Quarterly Luncheons | <input type="checkbox"/> Social Media (e.g., Facebook, Twitter) |
| <input type="checkbox"/> Donation Requests | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> DKH Gift Shop | <input type="checkbox"/> Letter Writing / Thank You Notes |
| <input type="checkbox"/> Other: _____ | |

Thank you for your support!

The Woman's Board of Day Kimball Hospital is a 501(c)(3) non-profit organization.
Donations are tax-deductible to the extent allowed by law.

Email: womansboarddkh@gmail.com
Website: wbdkh.org