

Auxiliary Membership Form
Upland Hills Health, Inc.

NEW MEMBER:

** Yes, I would like to join the Auxiliary and share my talents as a new member.
Enclosed is my \$15.00 lifetime membership fee.

My name and address:

My telephone number: (day) _____
(evening) _____

My email: _____

I'm interested in the following activities:

_____ Annual Cookie & Candy Walk (December)

_____ Annual Pie Sale (July)

_____ Love Lights annual campaign (October - December)

_____ Quilt Retreat (Spring & Fall)

_____ Crop for a Cause (Spring & Fall)

_____ Serving on the Auxiliary Board

_____ Any Fundraiser

Clip and mail to:

Community Relations
Upland Hills Health, Inc
800 Compassion Way
Dodgeville WI 53533