Please mail to:
2016-2017 Annual Membership
Stewart Memorial Community Hospital Auxiliary
1301 W. Main, Lake City, IA 51449
800-262-2614 • www.stewartmemorial.org • www.facebook.com/SMCHLakeCity

Name______________________________________ Phone__________________________ Employee No. ______
Address ___________________________________________ City ____________________________
State________________ Zip________________ Email _________________________________
Annual Membership $2 $ _____ Cash or Check $ _____ Payroll Deduction
Lifetime Membership $100 $ _____ Cash or Check $ _____ Payroll Deduction
(amount per pay period)
Additional Payroll Donation $_____ (minimum $2) each paycheck through 3/31/17

See back of card for many opportunities our Auxiliary offers!
I would be interested in the following SMCH Auxiliary activities:

- Serving on a Fundraising Committee
- Distributing publicity for Blood Drives
- Donate to Bake/Candy/Pie Sales
- Help Knit Baby Caps/Sew Neck Pillows
- Be a Gift Shoppe Volunteer or substitute
- Serve as a Community Representative
- Serve as a Committee Leader or Officer
- Help deliver Meals on Wheels
- Be willing to help with simple tasks if available when needed.