FRIENDS OF COOLEY DICKINSON
Dues Renewal Notice for 2016-2017 Membership Year
(10/1/2016 -- 9/30/2017)

(If you have already sent in your dues, please disregard this notice and accept our thanks!)

MISSION STATEMENT
The Mission of Friends of Cooley Dickinson shall be to support the Hospital in its commitment to provide quality healthcare for our community through volunteerism, fundraising and advocacy.

Please detach the form below and mail it with your check, payable to ‘Friends of Cooley Dickinson.’ Thank you for your support.

Friends of Cooley Dickinson

Single $15  □  Couple $20  □  Lifetime Single $100  □  Lifetime Couple $150  □

Additional Donation $________________________

Name(s): __________________________________________

Address: __________________________________________

Telephone Number(s): _____________________________ Email: _____________________________

(Approximate) Number of Years of Auxiliary Membership: ______________

**If you are already a lifetime member of Cooley Dickinson Auxiliary, your membership is still valid. Continued thanks! If you would like to make an additional donation, please indicate above, using the “Additional Donation” line. Additional thanks!**

* * * *

Do you know someone else who might be interested in a Friends of Cooley Dickinson membership? If so, please fill in the following contact information.

Name(s): __________________________________________

Address: __________________________________________

Phone &/or Email: _____________________________

* * * *

Please check here if you are interested in volunteering in the Coffee Shop □ and/or Gift Shop □

For information about these and other volunteer opportunities at Cooley Dickinson Health Care, please call Robin Kline, Director of Volunteer and Guest Services, at 413-582-2251.