

Friends of Cooley Dickinson 30 Locust St. Northampton, Ma 01060

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JoAnne Finck, Chair Carol Katz, Treasurer Diana Tindall, Secretary Lynne Parsons, Vice Chair Fundraising Marilyn Richards, Vice Chair Ambassador

FRIENDS OF COOLEY DICKINSON Dues Renewal Notice for 2020-2021 Membership Year (10/1/2020 -- 9/30/2021)

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 Donati	on \$	_	
Name(s):			
Address:			
Telephone Numbe	er(s):	Email:	
(Approximate) Nu	mber of Years of Auxiliary	Membership:	_
Continued thanks		he Friends of Cooley Dickinson, yo e an additional donation, please i ks!	
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	one else who might be inter contact information.	rested in a Friends of Cooley Dickins	son membership? If so, please
Name(s):			
Address:			
Phone &/or Email:			

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