FRIENDS OF COOLEY DICKINSON
2021-2022 Membership Year
(10/1/2021 -- 9/30/2022)

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 the Friends of Cooley Dickinson, 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: _________________________________________________

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