

MARY HEALTH ANGEL SOCIETY MEMBERSHIP FORM

You are invited to become an Angel Society Member or advance your existing Membership supporting the Sisters' mission of loving and compassionate care to the frail, elderly, poor and terminally ill residents.

Name:
Address:
Phone #:
E-mail:

Yes, I/we accept your invitation. Enclosed is my/our 2018 Angel Society gift of \$_____

<input type="checkbox"/>	Pearl Wings \$150 - \$499	<input type="checkbox"/>	Crystal Wings \$500 - \$999	<input type="checkbox"/>	Silver Wings \$1,000 - \$4,999
<input type="checkbox"/>	Gold Wings \$5,000 - \$9,999 <i>Perpetual Recognition</i>	<input type="checkbox"/>	Platinum Wings \$10,000 - \$24,999 <i>Perpetual Recognition</i>	<input type="checkbox"/>	Diamond Wings \$25,000+ <i>Perpetual Recognition</i>

Please dedicate my gift: In Honor of In Memory of

Recognition

Please print your name preference to be engraved on the Angel Society Donor Wall.

I prefer that my contribution remain anonymous.

PAYMENT

My check made payable to Mary Health of the Sick is enclosed.

I would like to pay by credit card.

Please complete below:

Charge my: Visa MasterCard

Credit Card #: _____ CVC Code _____

Expiration Date: _____

Print Name Card: _____

Billing Address: _____ City: _____ State: _____ Zip _____

Signature _____

THANK YOU FOR YOUR ANGEL SOCIETY MEMBERSHIP

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For more information, contact Development Office
805-498-6795 or development@maryhealth

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