

Camino Health Center

Affiliated with Mission Hospital, St. Joseph Health

Camino Health Center Auxiliary Membership Form

Camino Health Center Auxiliary membership renews annually effective July 1st.
Please complete this form and mail it in along with your payment in the enclosed self-
addressed stamped envelope.

You can also register online at www.caminohealthcenter.org.

Yes, I would like to join Camino Health Center Auxiliary. Auxiliary membership includes meetings and meals.

Annual Membership - \$200

PAYMENT IS DUE BY MAY 1, 2018

CHCA Member Information:

Today's Date: _____

Name: _____ Spouse: _____

Address: _____

City: _____ Zip: _____

Email Address: _____ Birthday (Month/Day): _____

Home Phone: _____ Cell: _____

Committee Assignment – Please choose from the following:

Community Relations Fashion Show & Golf Fundraising Membership

PAYMENT:

Cash Check (payable to CHCA)

Credit Card

American Express MasterCard Visa

Credit Card Number: _____ Expiration: _____

Signature: _____ Date: _____

THANK YOU FOR YOUR SPIRIT OF GIVING!

Federal Tax Identification Number: #95-1643360

Mission Hospital Foundation

27700 Medical Center Road

Mission Viejo, CA 92691

Mission Hospital Foundation receives and administers gifts on behalf of the Camino Health Center Auxiliary. Federal Tax Identification Number 95-1643360. If you would prefer not to receive solicitations from the hospital, please call (949) 364-7783 or check the box below and return this form to Mission Hospital Foundation.

Please remove me from Mission Hospital Foundation solicitation mailing list.