



Friends/Young Friends of St. Louis Children's Hospital 2008 Membership Form

Two ways to join...

1. Fill in the information below and return with payment in the envelope provided.
2. Register online at stlouischildrens.org/friends or stlouischildrens.org/youngfriends

I. CONTACT INFORMATION:

Name: _____

Spouse Name: (if applicable) _____

Preferred Addressee for Mailings: _____

Preferred Salutation for Mailings: _____

Mailing Address: _____

City, State & Zip: _____

Home Phone: _____

Work / Cell Phone: _____

Fax Number: _____

Email Address: We hope to communicate more through email. We do NOT sell or share our lists.

_____ @ _____ . _____

II. MEMBERSHIP LEVEL:

Dues cover January 1, 2008 through December 31, 2008. Best Friends and Best Friends Forever are recognized annually in a Friends CHAT newsletter. Please note, couples must share the same address.

Friend

___ Individual at \$35

___ Couple at \$60

Best Friend

___ \$100, ___ Individual or ___ Couple

___ \$250, ___ Individual or ___ Couple

___ \$500, ___ Individual or ___ Couple

Best Friend Forever

Enjoy being a member for life!

___ \$1,000 per person

III. MEMBERSHIP ADDITIONS:

___ Yes, I/we would like to be a part of **YOUNG FRIENDS** at no additional charge.
Young Friends is a subset of Friends comprised of young professionals, parents and peers. Check here if you'd like to be a part of their roster and receive information about their events and activities.

___ Yes, I am already a member of the _____ **TWIGS** group.

___ Yes, I would like more information about **TWIGS!**
Within Friends, TWIGS are smaller special interest groups that gather for fun on a regular basis.

IV. AREAS OF INTEREST

If you are interested in helping the Friends in their fundraising, advocacy and/or service efforts, please check all that apply. Past experience is NOT required!

___ Events / Fundraisers ___ Advocacy ___ Service

V. GIVE THE GIFT OF MEMBERSHIP TO A FRIEND:

A note announcing your gift will be sent to the person(s) you are giving a Friends membership(s) to.

<input type="checkbox"/> Life Member (\$1,000)	Name: _____
<input type="checkbox"/> Best Friend (\$100, \$250, \$500)	Address: _____
<input type="checkbox"/> Couple (\$60)	Email: _____
<input type="checkbox"/> Individual (\$35)	Phone: _____

VI. PLEASE SEND MEMBERSHIP INFORMATION TO MY FRIEND

Friend's Name _____

Address _____

City / St / Zip _____

VII. PAYMENT OPTIONS

Check: Please make all checks payable to *Friends of SLCH*

Credit Card: Visa MasterCard Discover American Express

Number _____

Exp _____/_____

Thank you for being a Friend!

If you selected an area of interest, a Friends representative will be in touch.

Questions? Call the Friends office at 314.286.0972.

stlouischildrens.org/friends and stlouischildrens.org/youngfriends