

2018 Membership Form

Friends of St. Louis Children's Hospital & TWIGS Members

Thank you for being a loyal Friend of St. Louis Children's Hospital! Your involvement as a Friend and/or TWIGS member allows the hospital to live out its mission of *doing what's right for kids* every day.

Member Information:

FIRST NAME		LAST NAME	
PREFERRED SALUTATION		SPOUSE NAME (IF APPLICABLE)	
ADDRESS			
CITY	STATE	ZIP	
PHONE (home/work/cell)		E-MAIL	

Membership Options:

Annual Friends Membership \$75

Lifetime Friends Membership \$1,500

*You will receive our Guardians Magazine, all special event invitations, tour opportunities and periodic updates from the Foundation. You are also invited to join a TWIGS group**

Please list the TWIG group(s) you currently belong to: _____

Ways to Give:

- > Make your gift **online**: www.StLouisChildrens.org/Friends
- > **Check** made payable to St. Louis Children's Hospital (use the enclosed envelope)
- > **Credit Card**: Visa MasterCard American Express Discover

I would like to make a monthly recurring credit card donation of \$ _____

CREDIT CARD NUMBER	SIGNATURE
EXP. DATE	CVV#

*TWIGS groups are made up of active Friends members who share a special interest. Each group supports St. Louis Children's Hospital through financial contributions and/or service projects. For more information on joining a TWIGS group please contact Carolyn Cranston at 314-570-3613/carolyncranston@gmail.com or Ann White at 314-469-7279.

Questions? Please contact: Erin Holzum, Board Engagement Liaison
314.286.1134 or eholzum@bjc.org