

Camino Health Center Auxiliary Membership Form

Camino Health Center Auxiliary membership renews annually in the month of May.
Please complete this form; include your payment and mail to the address at the bottom of this form.

Yes, I would like to join Camino Health Center Auxiliary:

- Active Membership - \$100
- Supportive Membership - \$150
- Corporate Membership - \$250
- Lifetime Membership - \$1,000

Total amount enclosed today: \$ _____

- Cash
- Check (payable to CHCA)
- Credit Card

- American Express
- MasterCard
- Visa

Credit Card Number: _____ Expiration: _____

Signature: _____

CHCA Member Information:

Today's Date: _____

Name: _____ Spouse: _____

Address: _____

City: _____ Zip Code: _____

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

Home Phone: _____ Cell: _____

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 your solicitation mailing list.