



FIRELANDS REGIONAL MEDICAL CENTER AUXILIARY

Annual Dues Remittance Form

Please indicate the type of membership:

- Active Members (Hours of volunteered services required) \$ 5.00
- Contributing Member (No volunteer hours required) \$20.00

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please indicate below if you are willing to help with any of the following fundraisers:

- Jewelry Sale
- Candy Sale
- Book Fairs
- Handbag Sale
- Special Events
- Gift Shop Sales
- Planning Committee for Development Events
- Christmas Decorating Committee

Please return the completed form with a check made payable to: FRMC Auxiliary

Firelands Regional Medical Center
ATTN: Gift Shop Manager
1111 Hayes Avenue
Sandusky, OH 44870

For questions about the Firelands Auxiliary, please call 419-557-5469 or email auxiliary@firelands.com.