



Women's Leadership Guild

Become a Member!

Complete both sides of the application, and mail it in with your contribution.

MEMBERSHIP INFORMATION

Name

Mailing Address

City

State

Zip

Daytime Phone

Evening Phone

Cell

Email

Please note: all member information is kept confidential and never shared.

RECOGNITION

Please list how you would like your name to appear in published recognition listings
(example: Smith Family, Jack and Jill Smith, or Jill A. Smith)

COMMUNICATIONS

The following information requested is vital to the WLG for communicating with members effectively.

1. How did you first hear about the WLG?

- Member: _____ (name)
- Colleague/Friend
- Website
- Mail/Email Promotion
- Community Update (Pullman community newsletter)
- Newspaper article
- Social Media (facebook/twitter)
- Other _____

2. Which forms of communication would you prefer we use? (Check all that apply)

- Phone call
- Text Message
- Facebook
- Email
- Mail
- Web
- Other _____

CONTRIBUTION

Please choose your membership option

- 1 Year Membership.....\$1,000.00 Yes; my employer matches!
 3 Year Membership.....\$2,500.00

Additional voluntary contribution to Pullman Regional Hospital Foundation Annual Giving for Excellence Fund. (Supports the hospital's highest needs.) \$ _____

Support patient comfort and healing today by joining the Pullman Regional Hospital auxiliary with a \$20 gift

Total \$ _____

- Paid in Full
- 1-Year Membership Payment Installments (to be paid in full within 12 months)
 Monthly (\$83.33) Quarterly (\$250) Bi-annually (\$500)
- 3-Year Membership Payment Installments (to be paid in full within 36 months)
 Monthly (\$69.44) Four payments (\$625) Two payments (\$1,250)

METHOD OF PAYMENT

- Pullman Regional Hospital Staff Payroll Deduction (\$1,000 over 26 pay periods)
 Pullman Regional Hospital Staff Payroll Deduction (\$2,500 over 78 pay periods)
- Check/Money Order (Please make payable to Pullman Regional Hospital Foundation)
- If you wish to pay by credit card, please complete the following:
 American Express Master Card Visa Discover

Amount Charged on Card: \$ _____ Expiration Date _____

Card Number: _____

Signature: _____ Date _____

Thank you for joining

Your membership makes a powerful impact on the lives of women and children in need.

MAIL TO:

Pullman Regional Hospital Foundation
840 SE Bishop Blvd., Suite 200
Pullman, WA 99163

Questions? Contact KAREN DAVIS-MORRIS, Women's Leadership Guild Chair, at (509) 332-9867, or email wlg@pullmanregional.org

Your gift is tax-deductible as defined by the law. In compliance with IRS regulations, the PRH Foundation informs the donor that no goods or services were provided in exchanged of this gift.