



# Women's Leadership Guild

## Become a Member!

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

### MEMBERSHIP INFORMATION

Name

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Mailing Address

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City

State

Zip

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Daytime Phone

Evening Phone

Cell

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Email

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*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)

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### 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 STEPHANIE PIERCE, Pullman Regional Hospital Foundation Director of Development, at (509) 332-2044, or email [wlg@pullmanregional.org](mailto: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.*