

# NLHS Guild Membership

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # /other contact information \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

I am enclosing my Membership Donation of \$5.00.    Membership Renewal    New Member

I would like to support the Guild with an additional gift of \$\_\_\_\_\_ used toward enhancing the lives of residents.

*Signature:* \_\_\_\_\_    *Date:* \_\_\_\_\_



NIAGARA LUTHERAN HEALTH SYSTEM GUILD 5959 Broadway ~ Lancaster, NY 14086

Please mail to the above address.