Clara Barton
FOUNDATION

MEMBERSHIP DRIVE

Your support is important in assisting Clara Barton Medical Center in continuing its tradition of quality health care.

Name _____

Address _____

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The Foundation's Membership levels are as follows:

_____	Individual Membership	$25.00
_____	Family Membership	$50.00
_____	Business Membership	$100.00
_____	Sustainer Membership	$250.00
_____	Pacesetter Membership	$500.00
_____	Partner Membership	$1,000.00
_____	Leader Membership	$2,500.00
_____	Visionary Membership	$5,000.00
_____	Guardian Membership	$10,000.00
_____	Special Project Gift	$_____

Total Amount Enclosed $_____

Please accept my membership by credit card:

◯ VISA ◯ MasterCard ◯ Discover

_____

Card Number Exp. Date CVV Code

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Signature Date

◯ **Please contact me about including CBH Foundation in my will or estate plans.**

We welcome membership online at www.clarabartonhospital.com/donate

Contributions are tax deductible as allowed by law.

PLEASE MAKE CHECKS PAYABLE TO:
Clara Barton Hospital Foundation
P.O. Box 25 | Hoisington, KS 67544

QUESTIONS? Call 620-292-0814