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## FOUNDATION MEMBERSHIP/DONATION FORM

I/we support the WCGRH Foundation, Inc., established to enhance the services provided for the clients and staff of West Central Georgia Regional Hospital.

Enclosed is my annual membership fee in the amount of \$10.00.

Enclosed is my contribution in the amount of \$\_\_\_\_\_.

Enclosed is my Lifetime Membership fee of \$100.00.

In addition to my contribution, I would like to share my time and talents. Please contact me about volunteer opportunities at West Central Hospital.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: [    ] \_\_\_\_\_



YOUR DONATION IS TAX DEDUCTIBLE AND GREATLY APPRECIATED.