

\_\_\_\_\_ Annual Membership — \$25.00

\_\_\_\_\_ Life Membership — \$150.00

\_\_\_\_\_ I am interested in joining the Auxiliary's Board

\_\_\_\_\_ I am interested in joining The Auxiliary's fund raising and/or special event planning committee.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please send your check to:

The Auxiliary of RUSH Oak Park Hospital  
520 South Maple Ave.  
Oak Park, IL 60304