

# AUXILIARY MEMBERSHIP

The Pinnacle Health Auxiliary has a 130-year history and has contributed over \$4 million to UPMC Pinnacle in programs and services aimed to address the needs of our community. What began with 47 women supporting Harrisburg Hospital, the Auxiliary has grown to a network of nearly 400 women and men.

## Why join?

Our goal is to strengthen our health care system further and promote wellness in the region. By joining, you can be part of a long and successful tradition of giving back to the community as a volunteer and/or to provide financial support. The Auxiliary's tremendous success is accomplished through leadership, dedication, and teamwork, and none of this can happen without YOU!

# Benefits of Membership

As an Auxiliary member, you will receive regular communication on important programs addressing the needs of patients, medical professionals, and staff. Members receive invitations to membership meetings and educational programs designed to engage members and encourage collaboration with others.

#### Changing the Face of Health Care

Active members enjoy volunteering in a variety of functions. Whatever your schedule allows or talents you can share, you are a treasured resource. Our high touch, cooperative spirit is contagious!

## Opportunities include:

- Committee work on our two signature fundraisers: Chic PHantastic Fashion Show in the Fall or the Club PHantastic Spring Gala
- · Annual Children's Health Fair
- Bailey House providing families with lodging during lengthy patient stays
- Office support and assistance with projects such as the Holiday Tribute, newsletter, and special mailings
- · Creative craft projects for our newborns

If you want to utilize your talents, feel a sense of accomplishment, and support our community, then please join the Auxiliary. For questions or additional information contact us at 717-231-8080. You may also join or renew your membership online by visiting UPMCPinnacle.com/Auxiliary.

Please check the appropriate category:			
□ \$20 Senior Member (65 years + older)	LAST NAME		
☐ \$40 Annual Membership	FIRST NAME		MIDDLE INITIAL
☐ \$150 New Lifetime Member			
☐ Current Lifetime Member Please provide any updated contact information.	SPOUSES/PARTNER'S NAME		
	ADDRESS		
Our wish is to go paperless with our communication to Auxiliary members. If you prefer to remain on a regular mailing list, please check the box below.			
	CITY	STATE	ZIP
☐ I prefer to receive regular mail correspondence and newsletters.	PHONE		
	CELL		
Please return this card by August 15	-		
to be included in the annual directory.	EMAIL		