

HARBOR BEACH HOSPITAL FOUNDATION

Membership Application

In the fall of 2002, the Harbor Beach Hospital Foundation was formed in order to initiate a community driven effort to support the Harbor Beach Community Hospital. The foundation is based upon underlying values that will strengthen the hospital's ability to serve and remain an integral part of the local economy. The foundation provides a secure avenue for community members to support the hospital and the foundation board oversees use of all funds

Sustaining Membership: Community members may become sustaining members of the foundation at various levels. Sustaining memberships are for a calendar year beginning on January 1st. All sustaining members upon enrollment receive a personal thank you gift.

- ☐ Harbor of Care: \$50 annual membership
☐ Guardian \$100 annual membership

- ☐ Point of Light: \$500 annual membership
☐ Beacon: \$1000 annual membership

Founders' Circle: Community members may select different circles of recognition in the Founders' Circle. The Circle is composed of people who have chosen to give a one-time gift or pledge a gift of money over a period no longer than 5 years. All Founders' Circle members upon enrollment receive a personal thank you gift and are presented a plaque upon completing their gift.

_____ This is a one-time gift _____ I am pledging this gift over the next _____ years.

- ☐ Copper \$5000
☐ Brass \$10,000
☐ Bronze \$25,000

- ☐ Silver \$50,000
☐ Gold \$75,000
☐ Platinum \$100,000 +

Active Membership-Please consider giving of your valuable time, services, and talents.

- ☐ Please contact me about becoming an active member of the foundation. "I would like to become involved in projects that benefit the Harbor Beach Community Hospital." I understand that according to Foundation by-laws, active members must be recommended to the Board of Trustees for approval at a regular meeting.

Public Recognition: Sustaining members in good standing and members of the Founder's Circle will be recognized in hospital publications and an in house display. In order to use the name and wording you prefer, please complete the following information.

Name of Donor for Tax Purposes _____

Name of People or Organization to be used in recognition _____

We respect the right of donors who wish to remain anonymous. Please check below if you do not wish to have your name used in public recognition activities.

- ☐ I do NOT wish my name to appear in public displays of appreciation.

Contact Information: The following information will be used to send thank you gifts, reminders of pledges, membership renewals, event invitations, and hospital announcements/newsletters. It will not be shared with outside organizations unless required by law.

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

Payment Information & Receipt: Make checks payable to the **Harbor Beach Hospital Foundation** and return this form in the attached envelope. You will receive your thank you gift and receipt within 2-3 weeks.

Amount Sent _____ Date _____ Signature of Applicant Member/Donor _____

Amount Received _____ Date _____ Signature of Foundation Representative _____