

I would like to become a Friend of Brenner Children's with my annual membership fee of \$30.00.

**MEMBER INFORMATION** *Please print your name as you would like it to appear in your membership record.*

**Title** (Mr., Mrs., Dr., etc.): \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Suffix** (MD, Sr., Jr., etc.): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Volunteer Interests** *Check all that apply.*

- Hold a community fundraiser for Brenner Children's
- Serve on the *Cheers! to Brenner Children's* committee
- Assist with a community food or toiletry collection drive
- Help with the *Because We Care* memorial service
- Serve as a host or table captain at the *Friends of Brenner Children's Annual Luncheon*
- I am unable to volunteer, but would like to participate in meetings and events

*Return this form and a check for \$30.00 to:  
Friends of Brenner Children's  
Office of Philanthropy and Alumni Relations  
P. O. Box 571021  
Winston-Salem, NC 27157-1021*

If you would like to pay with a credit card, contact Gift Processing at 336-716-2422.  
For additional questions, contact Angela Carleton at [abcarlet@wakehealth.edu](mailto:abcarlet@wakehealth.edu) or 336-716-3908.

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