



Membership Application

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Gift

- \$25 **Friend**
- \$50 **Supporter**
- \$100 **Sustainer**
- \$200 **Donor**
- \$500 **Patron**

*Please make your check payable to WBDKH and send it to
Wanda Mineo, WBDKH Membership Chair, 349 New Sweden Road,
Woodstock, CT 06281*

Thank you for your support!

Our current pledge for \$40,000.00 is to help Day Kimball Hospital purchase a Baby Safe Monitoring System for the Maternal Child Health Wing.

The Woman's Board of Day Kimball Hospital is a 501 (c) (3) non-profit organization.
Donations are tax-deductible to the extent allowed by law.