HENRY MAYO NEWHALL HOSPITAL FOUNDATION

SCAN HERE TO FILL OUT THIS FORM ONLINE

2026 MEMBERSHIP CONFIRMATION

Please check your chosen level of partnership:

_____ Chairman's Circle ($25,000)

_____ Vice-Chairman's Circle ($15,000)

_____ President's Circle ($10,000)

_____ Director's Circle ($5,000)

_____ Officer's Circle ($2,500)

Please check preferred payment option:

_____ Full contribution enclosed (please complete credit card below, if needed)

_____ Pledge to be paid:

_____ Monthly _____ Quarterly _____ Semi-Annually

Credit Card#: _____ Exp. Date: _____

Signature: _____

Please complete the following information:

Name: _____

Company: _____

Address: _____

City: _____ Zip Code: _____

Telephone: ( ) _____ Fax: ( ) _____

Email Address: _____

Thank you for your support

Henry Mayo Newhall Hospital Foundation is a non-pro it, tax exempt organization under the 501(c)3 Internal Revenue code. The tax I.D. number is 95-3849903

Henry Mayo
Newhall Hospital Foundation

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