



The Magnolia Society

Member Agreement Form

Diamond Member (\$1,000)

Emerald Member (\$350)

___ (Diamond Member Only) **Yes, I plan to use my membership ticket to attend the 2018 Women of Grace Luncheon on November 5.** I understand that I will receive a gift receipt less the tax-deductible portion for the Luncheon.

Young Professional (\$150)

___ (Diamond Member Only) **No, I do not need a ticket for the 2018 Women of Grace Luncheon on November 5.** Please provide a tax receipt for the full amount of my gift.

Please print my name in the luncheon program* as follows:

**Please note deadline for inclusion in program is October 5, 2018.*

Member Information *(Please print. Thank you.)*

Name:					
Home Address:					
City:		State		Zip:	
Phone:		Cell Phone:			
E-mail:					

Payment Information *(Please print. Thank you.)*

- Check** made payable to Bethesda Hospital Foundation.
- Credit Card** AMEX Discover Visa MasterCard

Card Number *(required)*

Expiration Date *(required)*

Name as it appears on card *(please print)*

Security Code *(required)*

Billing Address for Card *(if different than above)*

Authorizing Signature *(required)*

Thank you!

Bethesda Hospital Foundation / 2815 S Seacrest Blvd. Boynton Beach FL 33435
Tel: 561-737-7733 ext. 84445 Fax: 561-735-7942 PHenderson@BHinc.org www.BethesdaHospitalFoundation.org

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