



## HELP SUPPORT COMMUNITY HOSPITAL AUXILIARY

Your donation plays a critical role in Community Hospital's ability to offer high quality healthcare to our community.

**Yes!** I would like to be a *Friend of the Auxiliary*.

Please write your name exactly as you wish it to appear on the *Friends of the Auxiliary* roster.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

My *Friends of the Auxiliary* gift:  \$25  \$50  \$100  \$250  Other \$ \_\_\_\_\_

My gift is  In honor of  In memory of \_\_\_\_\_

Please provide notification (with gift amount undisclosed) to \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

### Payment:

Cash/Check  American Express  Discover  MasterCard  VISA

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Please make check payable to: Auxiliary, CHOMP

**Your gift is tax-deductible according to IRS regulations. Tax ID #94-2789696**

*Thank you.*

Mail completed form and check to:

*Friends of the Auxiliary*

### Development

Community Hospital of the Monterey Peninsula  
Post Office Box HH, Monterey CA 93942