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 or 336-716-3908.

LIKE us on Facebook at Friends of Brenner Children’s