



FRIENDS OF
FLINT HILLS
 COMMUNITY HEALTH CENTER

MEMBERSHIP FORM

The Friends of the Flint Hills Community Health Center is an independent organization created exclusively for charitable acts that benefit not only the health center but also its clients, through donations of time, talent and treasure. Through the Emporia Community Foundation, funds continue to be raised toward:

- Continuing the Arlene Eichorn Scholarship, which grants \$500 each January to a local student in approved Licensed Practical Nursing, Dental Hygiene or other medical ancillary majors.
- Supporting the Eileen Greisher Memorial Fund, which is used to help eligible individuals receive medication and provide staff education.
- And granting other requests from the health center.

We appreciate your gracious support, and we want to give you the opportunity to join, renew membership and/or make a donation to the Friends of FHCHC. Thank you!

TELL US ABOUT YOURSELF

Printed Name: _____

Mailing Address: _____

City, State, Zip: _____

Primary Phone Number: _____ (Circle One: Home Cell Work Other)

Email: _____

Please send me Friends of FHCHC email updates. Yes No (Circle One.)

I want to: Join Renew Membership (Circle One.)

PROVIDE MORE INFORMATION (OPTIONAL)

How did you hear about us? _____

Tell us about your past or current relationship with FHCHC. _____

ENCLOSE AND MAIL

Enclosed is: \$10 for two years* \$50 to be a lifetime member* a tax-deductible donation** (Circle all that apply.)

Signature: _____ Date: _____

Mail form and check to Executive Assistant, FHCHC, 420 W. 15th Ave., Emporia, KS 66801.

*Please make membership checks payable to Friends of Flint Hills Community Health Center.

**Please make donation checks payable to the Emporia Community Foundation.