



SPIRITUAL CARE GUILD
of Children's Hospital Los Angeles

Membership Application

July 2019 - June 2020

MEMBERSHIP LEVELS:

_____ **\$125 ACTIVE:** Attend any three meetings per year, serve on one committee, participate in at least one fundraising event per year, invited to all events.

_____ **\$200 FRIEND OF SPIRITUAL CARE:** Invited to all events including our Member Hospital Tour.

_____ **\$50 ANGEL:** Employee of Children's Hospital Los Angeles, invited to all events.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email _____

Areas of Interest

Please share with us your areas of experience, interest, or talents. Check all that apply

____ Accounting ____ Fundraising ____ Baking
____ Event Planning ____ Public Relations / Social Media ____ Knitting
____ Webmaster (Wordpress)

Please mail completed form and dues to:

Spiritual Care Guild
PO Box 50413
Pasadena, CA 91115

You can also Register and Pay online at www.spiritualcareguild.org

revised 7/2019