

WINTHROP P. ROCKEFELLER CANCER INSTITUTE AUXILIARY

501-686-8286 • cancer.uams.edu/cancervolunteer

_____ Membership \$20.00

_____ I would like to volunteer for:

_____ Partners Card

_____ Hospitality/Patient Relations/Gift Shop

_____ Other

_____ Joint Membership \$30.00

_____ Life Membership \$200.00

_____ Life Member, but would like to make an additional donation

Name _____

Address _____

_____ Zip _____

Phone _____

Email _____

May we print your email address in the directory? _____

Preferred method of contact: _____ Mail _____ Email

Payment method: _____ Check _____ Credit Card

Credit Card # _____ 3-digit Security Code _____ Exp. _____

Billing address if different from above _____

Please make check payable to **Cancer Institute Auxiliary.**