

KEYSTONE CLUB MEMBERSHIP FORM

Sign Me Up!

I would like to join the Keystone Club and, as an employee, authorize Memorial Healthcare to make the following payroll deduction.

I am a Keystone Member and would like to increase my gift by the following amount.

EQUIPMENT FUND

\$1 per pay

\$3 per pay

\$5 per pay

\$7 per pay

\$10 per pay

\$_____ Per pay

H.E.L.P. FUND

\$1 per pay

\$3 per pay

\$5 per pay

\$7 per pay

\$10 per pay

\$_____ Per pay

Name:

Employee #:

I want to join the Keycore committee

I want to help with fundraising

I would like to give a one-time donation towards the Equipment fund, H.E.L.P. Fund (PTO donations are also accepted)

Click here to submit your membership form!

Questions? Please contact Sherry Johnson in the Foundation office at extension 1675.