



Office: (250) 261-7563  
www.fsjhospitalfoundation.

# Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthday: \_\_\_\_\_

Volunteer Interest:

Bluey Day  Firefly Run  Angel Gala  Board Position  Whenever needed:

## Payment Information

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please make checks payable to: Fort St. John Hospital Foundation  
Payments can also be made online by clicking on Donate Now at  
[www.fsjhospitalfoundation.ca](http://www.fsjhospitalfoundation.ca) and selecting Membership under the fund option.*

YES! I would like to get more information on our Monthly Giving Program

Your Membership is Tax-Deductible!