Mahaska Hospice Auxiliary

Membership Renewal Annual Dues $10.00
Make checks payable to Mahaska Hospice Auxiliary

Please print the following information

First Name____________________________   Last Name_________________________________
Address_________________________________________________________________________
City_______________________ State_______ Zip ____________ Phone ____________________
Email address____________________________________________________________________

My spouse/significant other would like to be an Auxiliary Member for an additional $10.00
First Name______________________  Last Name________________________________

Please check your volunteer interests below:

_____Contact me if you need help for a project/fundraiser
_____Help with raffles
_____Golf Tournament
_____No Show event (help with theme, invitation, mailing)
_____Newsletter (sent annually in June/July)
_____Serve on the board (monthly meetings last typically 60 to 90 minutes)
_____Volunteer at Hospice Serenity House
____Other _______________________________________________________________________

Do you know someone else who may be interested in joining the Auxiliary? How can we contact them?

Name_________________Phone______________Name_________________Phone______________

Please return with your $10 membership dues by Sept. 15 to:

Diane Davis, Mahaska Hospice Auxiliary President,   2286 290th St., Oskaloosa, IA 52577