

BECOME A 21ST CENTURY CLUB MEMBER



Yes, I/we want to support Orange Regional Medical Center as a 21st Century Club member at the following level:

- Friend \$150
- Patron \$250
- Benefactor \$500
- Chairman's Circle \$1000
- Other \$ _____

ORMC Employees only (payroll deduction)

My/our gift of \$1000 or greater will be paid in quarterly installments. Please bill me.

Name (Please Print): _____

For recognition: I would like my name printed in the following way:

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

- Check Enclosed (Payable to Orange Regional Medical Center Foundation)
- Bill Me/Us Charge My: Visa MC Amex

Account Number: _____

Billing Zip Code: _____ Exp. Date: _____ Sec. Code: _____

Signature: _____

- Please send me information about how to include Orange Regional Medical Center Foundation in my/our estate plans.



ORANGE REGIONAL MEDICAL CENTER FOUNDATION
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