



# 2024 Membership Form

**Friends of ASPIRE** is a giving club dedicated to assuring that quality healthcare services and resources are available to patients in our region, close to home. As a non-profit 501(c)(3) tax exempt organization, technology and service updates cannot be funded by patient revenue alone. Friends of Aspire will be an integral partner in our mission to provide exceptional care close to home as the leading rural healthcare organization.

## Membership

Friends of Aspire membership is attained through an annual gift of \$100 or more from an individual, couple, or business. For those members who wish to increase their support, Silver, Gold, Platinum, and Cornerstone Society membership opportunities are available. As a member, you will be recognized in the Aspire newsletter, and you will be invited to attend special events throughout the year.

To join or renew Friends of Aspire membership, simply complete the form at the bottom of this page and return this document to Stephanie Langenburg in Cass City. Membership contributions are tax deductible according to IRS guidelines.



## Project/Cause for 2024 *To learn more about each project visit [aspirerhs.org/foundation](http://aspirerhs.org/foundation)*

**Infusion Clinic**

**Northwood Meadows**

**Hyperbaric Chamber**

### Project(s) I am supporting in 2024 *Indicate your selected project(s)*

- DCH Infusion Clinic       H&D Northwood Meadows       MRH Hyperbaric Chamber

## Membership Form

*\*NOTE: Credit card payments can be made by phone.*

- Member: \$100
- Silver Member: \$250
- Gold Member: \$500
- Platinum Member: \$1,000
- Cornerstone Society: \$1,000/year (10-year commitment)
- My check payable to the Aspire Rural Health System Foundation is enclosed.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Name(s) as you would like it to appear for recognition purposes:*  
\_\_\_\_\_



- Please charge my credit card in the amount of \$ \_\_\_\_\_
  - Personal credit card
    - Visa®
    - Mastercard®
    - Discover®

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ V-Code: \_\_\_\_\_  
Card Name: \_\_\_\_\_  
Card Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Signature: \_\_\_\_\_