



Auxiliary Application

Name: _____

Address: _____

City: _____

State: _____ *Zip Code:* _____

Telephone Number: _____

Best Time to Call: _____

Days & Times available to volunteer:

Donation: *Yearly \$5* *Life Membership \$100*

Other _____

Please mail this form and your donation to:

Franklin Hospital Auxiliary, 201 Bailey Lane, Benton, IL 62812

The auxiliary meets once a month on the third Monday.