

## Henry County Hospital Foundation Auxiliary Membership

Please complete and return form with dues to:

**Henry County Hospital Foundation Auxiliary**  
**1600 East Riverview Avenue**  
**Napoleon, OH 43545**

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

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

Phone: \_\_\_\_\_

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

**Annual Dues: \$5.00 OR Lifetime Membership: One-time payment of \$100.00. Checks should be made payable to: HCH Foundation Auxiliary. Cash is also accepted.**

To learn more about volunteer opportunities please contact Katie Meyer at 419-591-4766 or email: [katiem@henrycountyhospital.org](mailto:katiem@henrycountyhospital.org).