FRIENDS OF MOUNT ST. JOSEPH ASSOCIATION

LIFETIME APPLICATION

► **Please fill out the below information to join!**

Name:

_____

Address:

_____

City: _____State:_____Zip Code: _____

Home Phone: (____) _____Cell Phone: (____) _____

Email: _____

► ***Friends of Mount St. Joseph Association will receive news about our activities, events and Directory.***

☐ I/we would like to be included in the MTSTJA Digital Directory which will be distributed **to members only.**

☐ I/we would like to volunteer to be on a committee for Mount St. Joseph Association Fundraisers or Resident Events.

Mail to:
Friends of MTSTJA
PO Box 155
Hoffman Estates, IL 60192

I would like to include a donation to Mount St. Joseph Association

- **Tax Deductible Donation enclosed: $_____**
- **Make checks payable to Mount St. Joseph Association**
- **Online donations can be made at mtstja.com**

Charge:
MasterCard / VISA#_____Expiration date: _____Security Code_____

Name_____

Address_____City_____State_____ Zip_____

Phone_____

Signature_____

- **PRIVACY:** The Mount St. Joseph Association is committed to protecting the privacy of our donors and does not sell or share any information with third parties. The information we collect is solely used for the processing of your donations.

Mount St. Joseph Resident's Name_____

Relationship to Mount St. Joseph Resident_____