



It would be a pleasure to welcome you as a new member of the Ladies Hospital Aid Society!

LHAS is an independent organization, providing educational, financial, medical and social services to the community. With our many programs and events, we always have volunteer opportunities for our members. We would love to have you be a part of the LHAS community!

Sincerely,
Dee Dee Troutman
Executive Director

DUES / DONATION STATEMENT FOR 2009-2010

Annual Dues \$40 (July 1 to June 30) \$ _____

Life Membership \$500 \$ _____

(You may pay in installments over a three-year period of \$250, \$150, \$100)

PAYMENT INFORMATION

- Personal Check (*Please make checks payable to "LHAS"*)
- American Express Visa MasterCard Other: _____

Credit Card Account Number / Expiration Date

MEMBER INFORMATION

Member Name: _____
Title First Name Last Name

Spouse/
Significant Other: _____
Title First Name Last Name

Mailing Address: _____
House Number & Street / Apartment No.

City, State & Zip Code

Home Telephone No. Mobile No. Fax No.

Birth Date (Month/Day) Email Address

Please mail this form to:

**LHAS
3459 Fifth Avenue
Suite N-709
Pittsburgh, PA 15213**

Or fax this form to:
412-692-2682