

# AUXILIARY

RIVERWOODS

Please **PRINT** clearly; thank you.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Church Affiliation: \_\_\_\_\_

## Membership Information

\_\_\_\_ I would like to become an annual member (\$5.00). (Jan 1- Dec 31)

\_\_\_\_ I would like to make an additional donation. Amount: \_\_\_\_\_

\_\_\_\_ I am the contact person for my church.

Make checks payable to  
**RiverWoods Auxiliary**

### Please return this form to:

Claire Huntington  
22 Trump Road  
Danville, PA 17821  
(570) 441-8912  
chunting@ptd.net

**or bring it to any scheduled meeting.**