

NDC 100 Membership Form

In recognition of Northwood Deaconess Health Center's outstanding service to people, I accept this invitation to become a member of NDC 100 at the following membership level:

- Diamond Circle (\$1000 or more annually)
- Gold Circle (\$500 – \$999 annually)
- Silver Circle (\$300 – \$499 annually)
- Bronze Circle (\$200 – \$299 annually)
- Member Circle (\$100 – \$199)

My membership gift (\$100 or more) will be paid as follows:

- In full
- Monthly
- Quarterly
- Semi-Annually
- Annually

I understand that I am not obligated to continue my membership but will try to do so annually as circumstances permit.

Name

Address

City

State

 Zip

Phone

E-Mail Address

**Make checks payable to
Northwood Deaconess Health Center, or NDHC.**

Address: Northwood Deaconess Health Center
Box 190, Northwood, ND 58267

**All gifts are deductible for tax purposes
to the full extent by law.**