



## 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 for the year 2005 at the following membership level:

- |  |   |
|--|---|
| <input type="checkbox"/> Diamond Circle (\$1000 or more) | <input type="checkbox"/> Bronze Circle(\$200-\$299) |
| <input type="checkbox"/> Gold Circle (\$500-\$999)       | <input type="checkbox"/> Member Circle(\$100-\$199) |
| <input type="checkbox"/> Silver Circle(\$300-\$499)      |   |

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

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> In full   | <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> Monthly   | <input type="checkbox"/> Annually      |
| <input type="checkbox"/> Quarterly |  |

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

Name

Address

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City, State Zip

Phone

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Email Address

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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.