

We invite you to volunteer with us!

Becoming a member of the Kirby Auxiliary offers you an opportunity to join a group of dedicated volunteers supporting the Kirby Medical Center and our health community.

I would like to help wit	h:			
CommitteesKi			Gift Shop	
		rby Derby holarshin Committee		
Fundraising Sales		Scholarship Committee Thrift Sales Wherever Help Is Needed		
runaralsing sales				
To comply with the hear proof of COVID vaccinat	•	•	s and requirements, I am providing accine card.	
Name				
Street Address			Home Phone	
City	State	Zip	Cell Phone	
Email Address				
I am willing to pay the mer	nbership fees in	one of two ways:	:	
ANNUAL MEMBE		(\$10.00)		
Please make checks pa	ayable to <u>Kirb</u>	<u>y Auxiliary</u>		
Mail to:	_			
Kirby Auxiliary Membe	-			
1000 Medical Center Di	rive			

Monticello, IL 61856