

Volunteer Membership Form

Mr. Ms. Mrs. Miss Other _____

Name _____ Birthday _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____ (C) _____

Employer _____

Email _____

Spouse/Significant Other _____

The following are volunteer opportunities. Please check those you are interested in.
For details, please visit palmettohealthfoundation.org.

- B106.7FM Children's Hospital Radiothon, benefiting Palmetto Health Children's Hospital
- Festival of Trees, benefiting Palmetto Health Children's Hospital
- McDaniels Automotive Group Golf Classic, benefiting Palmetto Health Cancer Centers
- Walk for Life, benefiting Palmetto Health Breast Center
- Lighting the Way, benefiting Palmetto Health Hospice
- Patient-oriented projects for Children's Hospital
- Patient-oriented projects for Cancer Centers

In addition to the events and projects listed above, we often need help with tasks listed below. Please check those that you would be willing to help with:

- Distributing event posters, brochures or other printed materials
- Handling office tasks — stuffing envelopes, folding T-shirts, organizing supplies
- Preparing a dish for volunteer projects or gatherings
- Soliciting auction items from local businesses
- Running errands — such as picking up auction items, event supplies
- Other ways in which you are willing to help: _____

Please mail your annual \$20 membership dues to:

Palmetto Health Foundation/Volunteer Group
PO Box 247
Columbia, SC 29202

How did you hear about Palmetto Health Foundation's volunteer opportunities?

Confidentiality Agreement

It is the responsibility of all Palmetto Health Foundation volunteers to safeguard the confidential information of our donors. The nature of our business and the economic well-being of our organization are dependent upon protecting and maintaining business, proprietary and/or confidential information.

I, _____, hereby agree to exercise good faith and to protect donor information on behalf of Palmetto Health Foundation. I agree not to use any information/knowledge gained for my personal benefit or for the benefit of others.

Signature _____ Date _____

Office Use Only

Date of Payment _____ | _____ | _____

Method of Payment:

- Cash
- Check # _____

