



Membership Form

MEMORIAL HERMANN

Becoming a member of *Heroes in Health* is simple. Join online at heroesinhealth.org **or** mail this form to:

Memorial Hermann Foundation

Attn: Heroes in Health

929 Gessner, Suite 2650

Houston, TX 77024

First & Last Name: _____

Address: _____

City, State Zip: _____

E-mail: _____

Phone (please circle type): Cell Home Work _____

Please choose your membership level:

**Memberships renew every calendar year*

1 Annual Membership - \$75

Defender - \$1,000
Package: two (2)
memberships

Guardian - \$5,000
Package: six (6)
memberships

Protector - \$10,000
Package: ten (10)
memberships

Would you like to be a SUPER-hero and make an additional donation? \$ _____

Payment Options _____ Total \$ _____

Check, payable to *Memorial Hermann Foundation*

Charge to my Visa MasterCard AMEX Discover

Card Number _____ Expiration ____/____

Name on Card _____ Billing Zip _____

Signature _____

Contact Memorial Hermann Foundation at 713.242.4400 or heroesinhealth@memorialhermann.org for assistance.

heroesinhealth.org