



# HOPE LIVES HERE

*Supporting Patients of  
Chase Brexton Health Care  
in Our Community*

## MEMBER ENROLLMENT FORM

Thank you for joining Hope Lives Here. Your participation helps us build a healthier, stronger community for us all.

### MEMBER INFORMATION

Please list your business contact information as you would like it to appear in Hope Lives Here membership recognition materials.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

### INSTRUCTIONS

Please return this completed form to your Hope Lives Here representative or by mail to the address below.

You can also enroll online at [HopelivesHereMaryland.org](http://HopelivesHereMaryland.org).

#### By Mail:

Chase Brexton Health Care  
Attn: Hope Lives Here  
1111 North Charles Street  
Baltimore, MD 21201

#### Phone:

410-837-2050 x1144

#### Email:

Alexa Milanytch  
[amilanytch@chasebrexton.org](mailto:amilanytch@chasebrexton.org)

### ANNUAL GIFT (PLEASE SELECT ONE)

- \$6,000 (\$500/month)     \$3,000 (\$250/month)     \$1,200 (\$100/month)
- \$600 (\$50/month)     \$300 (\$25/month)     \$120 (\$10/month)
- Other (\$\_\_\_\_\_)\*

### Commitment (please select one)

- \_\_\_ years     One year

### Would You Like to Direct Your Gift to a Specific Chase Brexton Center?

(please select only one)

- Baltimore City     Columbia     Easton     Glen Burnie     Randallstown
- Please direct my gift where it's needed most

\*Members who select "other" must contribute at least \$120/year to qualify. Their membership will be based on the lower of the two giving levels they fall between.

Please turn over to complete >



### INSTRUCTIONS

Please return this completed form to your Hope Lives Here representative or by mail to the address below. You can also enroll online at [HopelivesHereMaryland.org](http://HopelivesHereMaryland.org).

#### By Mail:

Chase Brexton Health Care  
Attn: Hope Lives Here  
1111 North Charles Street  
Baltimore, MD 21201

#### Phone:

410-837-2050 x1144

#### Email:

Alexa Milanytch  
[amilanytch@chasebrexton.org](mailto:amilanytch@chasebrexton.org)



## HOPE LIVES HERE

*Supporting Patients of  
Chase Brexton Health Care  
in Our Community*

### MEMBER ENROLLMENT FORM, CONTINUED

#### Payment

Check or credit card accepted. Please make checks payable to Chase Brexton Health Care.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Billing Address 1

\_\_\_\_\_  
Billing Address 2

\_\_\_\_\_  
Billing City/State/Zip

I authorize Chase Brexton Health Care to charge the indicated amount to my account.

\_\_\_\_\_  
Signature

I would like to be charged monthly in the amount of \_\_\_\_\_ per month.