



FOUNDING MEMBER OF  
**LCMC**  
HEALTH

## 2017 Guild Membership

**Membership/Renewal**  \$25  Lifetime \$150

If you are a lifetime member and would like to make a Guilded Lily donation, please note the amount: \$ \_\_\_\_\_.

**Returning and Lifetime Members:  
Please update your contact information below.**

*How do you wish your name listed in the Guild directory? Please print.*

Miss  Mrs.  Ms.  Mr.  Dr.

Name (first and last) \_\_\_\_\_

Spouse's Name (for directory) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Please return this form with your payment to:**

Children's Hospital  
Public Affairs  
200 Henry Clay Ave.  
New Orleans, La 70118