

INFORMATION

Miss Mrs. Ms. Dr. Mr.
 First Name: _____ Middle: _____
 Last Name: _____
 Preferred Name for Mailings: _____
 I am a Life Member Regular Member Preferred Pronouns _____
 Birthdate: (month/day) _____

CORRESPONDENCE

Preferred email address (please print): _____
 May we publish your email address in our directory? Yes No
 Please indicate your correspondence preferences:

	<i>E-Mail</i>	<i>Traditional</i>		<i>E-Mail</i>	<i>Traditional</i>
Announcements	_____	_____	General Information	_____	_____
Aider	_____	_____	Invitations	_____	_____
Directory	_____	_____			

 I do not have an email address

ADDRESS

Home Information	Work Information
Address _____ _____	Company Name _____
City/State/Zip _____	Professional Title _____
Home Tel# _____	Address _____ _____
Mobile Tel# _____	City/State/Zip _____
Fax # _____	Work Tel# _____
Other # _____	May we solicit your company? <input type="checkbox"/> Yes <input type="checkbox"/> No

Spouse/Significant Other Miss Mrs. Ms. Dr. Mr.
 First Name: _____ Middle: _____
 Last Name: _____
 Preferred **Couple** Name for Mailings: _____

MAKING A DIFFERENCE

Volunteer Opportunities - Please check all that apply:

In-house volunteering includes complimentary meal, parking validation and a 10% discount at the LHAS Gift Shop.

- Making Phone Calls LHAS Office
 Mailings LHAS Gift Shop

Expertise you would be willing to share - Please check all that apply:

- Accounting Financial Marketing
 Advertising Grant Writing Photography
 Archives & Historian Graphic Design Retail
 Legal Human Resources Strategic Planning
 Computer Insurance Underwriting & Sponsorship
 Development/Fundraising Journalism Web Page Design/Maintenance
 Social Media Other: _____

Committee Interests - Please check all that apply:

- Annual Meeting Health & Wellness Fall Luncheon
 Spring Luncheon Membership Development & Retention Social Services
 Finance Monthly In-House Sales Fundraising
 Public Relations Gift Shop (MUH-PUH) Tree of Life MUH
 Community Grants UPMC Grants/Allocations LHAS Board Member
 Gala Chair Gala Co-Chair Gala Committee Member

Please indicate the best times & days of the week you are available to help LHAS:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning (8 am to 12 Noon)							
Afternoon (1pm to 4pm)							
Evening (After 5pm)							

What events, programs or fundraisers would you like to attend or see LHAS sponsor?

Other Comments _____

We are always looking to update our information. We ask that you complete this questionnaire and return to us either by fax (412) 692-2682 or mail to our office at:

LHAS
 Attn: Member Interest
 Ladies Hospital Aid Society (LHAS)
 3459 Fifth Avenue, Pittsburgh, PA 15213
 lhas@upmc.edu
www.LHAS.net
 Phone;412-648-6106