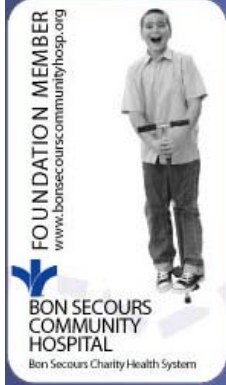


Sample Membership Card



Bon Secours Community Hospital
Foundation Membership Program

Participating Merchant Enrollment

(Please note: only restaurants may be considered
Gold Level Merchants)

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____

Website: _____

Email: _____

Discount to be offered to card holders: _____

By filling out this form, your business will be considered a “Participating Merchant” until March 1, 2009. Our Foundation will contact you at that time to request your future participation.

Please fill out and return to:

Tonya Addy

Bon Secours Community Hospital Foundation

PO Box 820 Port Jervis, NY 12771

Tonya_Addy@bshsi.org

Fax: 845-856-0727

If you have any questions, please feel free to contact our office at: (845) 856-0678

To see a list of participating merchants or to get more information:

www.BonSecoursCommunityHosp.org/Membership

We thank you for your participation!