



THE UNIVERSITY OF CHICAGO MEDICINE

Comprehensive Cancer Center
UC Cancer Research Foundation *Auxiliary Board*

APPLICATION for MEMBERSHIP

Personal Information

Name _____

Husband's Name (if applicable) _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

In Your Own Words...

How did you learn about the UCCRF Auxiliary Board?

What inspired you to look for an opportunity to “give back”?



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How did you select the UCCRF Auxiliary Board?

Please describe your previous philanthropy experience and level of involvement, if any.

Please describe your related professional experience, if any.

What unique talents or interests do you bring to the Board with regard to our fundraising efforts?



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Is there a particular aspect of the Board's activities you would like to work on?

Please share anything else you would like the Board to know.

Member proposed by _____

Date _____;

Return to Wendy Schultz, 2130 Beechwood Avenue, Wilmette, IL 60091 or via
email to: wcs24@msn.com