



2024-2025 MEMBERSHIP DRIVE

cphguild.org
guild.cph@gmail.com

Dear Friends:

Please take this opportunity to become a Guild member, renew your membership, volunteer at our Gift Shop or pass this information along to a friend. Our mission is to provide support to Canton-Potsdam Hospital and its patients and assist in promoting the health and welfare of the community in accordance with the goals of the hospital. As a result of membership dues, donations and successful fund raising, our 2023-2024 donations were: \$10,000 for support of the new Care Pavilion, \$4,000 to the SUNY Canton Nursing Student Scholarship program and additional funds for the butterfly garden maintenance. Other funds that were raised are being used for the opening of the Gift Shop and towards next year’s donation to the hospital.

The success of our fundraisers, community events, and other activities is attributed to your dedication and donations of time and financial assistance. Thank you to all who value and support the Guild’s initiatives.

Below is the Membership Form for 2024-25. It is also posted on the guild’s website cphguild.org where you can pay for the dues using PayPal or a credit card. We hope you will take time to join through the website or by completing and returning the form below to the Canton-Potsdam Hospital Guild address listed. You will receive a Membership Card/Receipt with a one-time 10% discount coupon at the CPH Guild Gift Shop opening later this year, once your dues/donation is recorded. If you include your email, we will keep you updated as we host fundraisers and hold community event. The Guild Board looks forward to having you renew your membership or join us or in the upcoming year.

Sincerely,

Membership Committee

Name(s) _____ Phone _____

Address _____ Email _____

Please indicate the area(s) where you may be able to help, and we will notify you should your assistance be needed.

Board Membership Garden Tour Gift Shop
 Golf Tournament Soup Luncheon Others as may arise
 Although unable to participate in events/programs at this time, I/we desire to support the Guild.

_____ \$10 Dues – 2024-25 Membership Year
\$ _____ Donation also included (tax deductible)
\$ _____ Butterfly Garden Maintenance Donation
\$ _____ TOTAL

(completed by Treasurer: Date Received _____ Cash _____ Check# _____ Online _____)
(completed by Membership Committee: Date Recorded _____ Receipt Sent _____ By _____)

Return to: CANTON-POTSDAM HOSPITAL GUILD * P.O. BOX 5184 * POTSDAM, NY 13676