



The Foundation

Lompoc Hospital District Foundation

(Please print your name as you wish it to appear. Indicate your preference Mr. Mrs. or Ms.)

Name _____

Mailing Address _____

Street Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

I would like to join as a business

I am interested in volunteering

Business Name _____

Business Address _____

City _____ **State** _____ **Zip** _____

Business Phone _____

**PROMOTING
AND SUPPORTING
LVMC
FOR 25 YEARS**

 ***The Foundation***
Lompoc Hospital District Foundation

**P.O Box 883
Lompoc, CA 93436**