

Discover the wellness opportunities while supporting the Orleans Community Health Foundation by joining...

Healthier U



Healthier U is a healthy annual membership program offered by the Orleans Community Health Foundation and Community Partners. Univera Healthcare has agreed to be a proud Corporate Sponsor. Benefits include:

- Monthly Educational Seminars
- Periodic Celebratory Events
- Free Upgrade to Private Room (if available)
- Free health screenings • Gift Shop discounts
- Employee Meal Pricing at Hospital Cafeteria
- And more as the program develops!

For a current list of benefits, visit www.ochealthfoundation.org



YES! Please accept my annual membership to the Healthier U Program

Name _____ Birth Date ____ / ____ / ____

Spouse's Name _____ Birth Date ____ / ____ / ____
(list additional family members on backside)

Address _____

Town, State, Zip Code _____

Telephone _____

Email Address _____

Level: Individual \$30 Family \$60 Date _____

Please return this portion with your membership.

Over>>>

Healthier U Benefits

- Monthly Educational Seminars
- Periodic Celebratory Events
- Free Upgrade to Private Room (if available)
- Free health screenings
- Gift Shop discounts
- Employee Meal Pricing at Hospital Cafeteria
- And more as the program develops!

Visit www.ohealthfoundation.org for a current list.

Brought to you by



ORLEANS
Community Health
Foundation



& **Community Partners**

100 Ohio St • Medina, NY 14103

585-798-8061

Email: foundation@medinamemorial.org

Please return with your payment to:

Orleans Community Health Foundation
100 Ohio Street
Medina, NY 14103

Amount \$ _____ Individual \$30 Family \$60

Date _____ Check # _____

Or pay online at www.ohealthfoundation.org

Thank You!

Please keep this portion for your records.



Additional Family Members & Birth Date

#1 _____ DOB ____ / ____ / ____

#2 _____ DOB ____ / ____ / ____

#3 _____ DOB ____ / ____ / ____

#4 _____ DOB ____ / ____ / ____

Enclosed is my check to: Orleans Community Health
Foundation • 100 Ohio St. • Medina, NY 14103

Please charge my: Visa MasterCard Discover AmEx

Name on Credit Card _____

Account Number _____

Exp. Date _____

Signed _____ Date _____