



August 1, 2019

Dear Auxiliary Member:

Thank you for your continued membership in the Overlook Auxiliary enabling us to make a difference within Overlook Medical Center and the community. In 2018 because of your hard work, we successfully funded over \$79,000 to benefit the medical center and tangibly improved the lives of patients and caregivers alike. Your membership allows us to continue on our path of accomplishments.

**It is time to pay your 2020 Annual Membership Dues of \$35.** Please pay your **2020** membership dues with this letter to:  
Overlook Auxiliary  
99 Beauvoir Avenue  
Summit, NJ 07901

You may also pay your dues online through the Auxiliary website at [www.oaux.org](http://www.oaux.org); select the “Pay Dues” button on the “Member” page of the website.

Thank you if you have already paid your dues and for your continued commitment to the Overlook Auxiliary. We encourage you to visit our website, ([www.oaux.org](http://www.oaux.org)) where you will find a wealth of information about our organization. Member specific information can be found at the “Member” page, including dates of all Auxiliary Board meetings. Please do not hesitate to contact the Auxiliary Office at 908-522-2004 if you have any questions.

Sincerely,  
Cindy Curley, Treasurer

-----Tear here-----

*Your minimum dues of \$35.00 will be used to support your membership in the organization and are fully tax deductible.*

*\*Please consider making an additional donation if you are able. This additional donation may be directed to any specific area of the medical center that you designate.*

**Overlook Auxiliary  
2020 Membership Dues \$35.00**

**\*or**     \$50     \$75     \$100     \$\_\_\_\_\_

**Designation:** \_\_\_\_\_

***Dues not paid by October 1 will be considered delinquent.***

If mailing, please tear off and return this bill with your check payable to Overlook Auxiliary.  
Mail to: **Overlook Auxiliary, 99 Beauvoir Avenue, Summit, NJ 07901**

***Please insert your name and update only CHANGED information below.***

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***Thank you!***