

# Fontbonne AUXILIARY

Named for Mother St. John Fontbonne, foundress of the Sisters of St. Joseph, sponsoring congregation of St. John Hospital & Medical Center, the Fontbonne Auxiliary of SJH&MC is made up of dynamic, energetic people from all walks of life. Membership is open to anyone who wants to be part of the solution to the staggering health care challenges in our community.

Fontbonne, established in 1947, is a major volunteer fund-raising organization. Money is raised through such annual events as the Fashion Show, and the White Christmas Ball, as well as proceeds from Le Fontbonne Gift Shop.

Through the years, the Auxiliary has donated millions of dollars to aid St. John Hospital & Medical Center in meeting the health care needs of our neighbors. Its contributions have purchased much needed equipment to help save lives; have helped expand a program for the deaf and hearing impaired; have contributed to the growth of St. John's world-class cardiac care programs; in short, have assisted St. John in becoming one of the leading health care providers in the region.

Fontbonne members make an immeasurable difference in the lives of others through their hard work and team effort. In working together for the common good, they enjoy the camaraderie of dedicated, caring people. "Friend-raising" is as much a part of Fontbonne as fund-raising.

Fontbonne operates under the leadership of its officers and board of directors, but relies on the active participation of its members to ensure the success of the numerous projects and events.

*We need you!* If you would like to become part of this vital, vibrant group, call the Fontbonne Auxiliary office at **313.343.3675** or visit [stjohnfontbonne.org](http://stjohnfontbonne.org).

*Fontbonne Auxiliary*

22101 Moross Road,  
Professional Building II, Suite 450  
Detroit, Michigan 48236-2172



**Ascension  
St. John Hospital**

*Since 1947, the Fontbonne Auxiliary has served the physical, emotional and spiritual needs of our community through its support of St. John Hospital & Medical Center.*

## MEMBERSHIP

I wish to: ☐ Renew my membership

☐ Apply for membership as (check one)

☐ Annual Member - \$50

☐ Life Member - \$500 (one-time donation)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Make check payable to Fontbonne Auxiliary or bill my

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_

Signature: \_\_\_\_\_