

The Caduceus Society
Hendrick Medical Center Foundation
Enrollment Form

Name _____

Address _____

Yes, I wish to become a member of the Hendrick Caduceus Society.

I wish to pledge \$_____

over the next *5 years* *or* *10 years.*

My initial gift of \$_____

is enclosed (Please make checks payable to Hendrick Medical Center Foundation.)

Or charge to:

Visa MasterCard American Express Discover

#_____ Exp. _____

I will make a gift of securities.
(Please call the Foundation office for instructions.)

Please use my gift for:

- Endowment Fund
 General Fund
 Other _____

Please send pledge reminders:

- Annually** in **May** or **November** (*circle one*)
 Semi-annually in May and November
 Quarterly in February, May, August, November
 Please send information on the Direct Payment Program (automatic monthly bank draft)

Signature_____

Date_____

I would like my name on the plaque to read as:
