

# Caduceus Society 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:*

\_\_\_\_\_