

*Verdugo Hills Hospital Foundation*  
**CADUCEUS CLUB**

**Pledge Sheet**

**Membership**

- Please renew my Caduceus Club Membership.  
 Please accept my new membership to the Caduceus Club.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Payment Options**

Enclosed is my check for \$ \_\_\_\_\_ made payable to Verdugo Hills Hospital Foundation.

Please charge my:

- VISA     MasterCard     Discover     American Express

- ONE annual payment of \$1,000  
 TWO bi-annual payments of \$500  
 FOUR payments of \$250

- Approval to automatically bill credit card  
(according to payment schedule indicated above)  
**Please initial X \_\_\_\_\_**

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Please Print Your Name \_\_\_\_\_

*Thank you for your tax-deductible gift!*  
*Verdugo Hills Hospital Foundation*  
*1812 Verdugo Blvd., 4<sup>th</sup> Floor*  
*Glendale, CA 91208*  
*(818) 952-2226*