



Yes, I want to become a President's Partner and help California Hospital Medical Center provide life-saving medical care to our community.

I wish to join at the following annual level:

- VISIONARY** gift of \$50,000 and above
All Network and Premium Network Choices listed below.
- PREMIER** gift of \$25,000 to \$49,999
Select five (5) of the Network and Premium Network Choices listed below.
- LEADER** gift of \$10,000 to \$24,999
All Network Choices listed below.
- CHAMPION** gift of \$5,000 to \$9,999
Select two (2) of the Network Choices listed below.
- STEWARD** gift of \$2,500 to \$4,999
Select one (1) of the Network Choices listed below.
- MEMBER** gift of \$1,500 to \$2,499

*In addition to receiving my level-specific benefits,
I would like to receive the choices indicated below:*

NETWORK CHOICES

Available at the \$2,500 level and above

- VIP guided tour of a CHMC area of interest for family or guests, up to six (6) people
- Private on-site breakfast or lunch meeting with Foundation or Hospital executive
- One book of La Grande Affaire raffle tickets

PREMIUM NETWORK CHOICES

Available at the \$25,000 level and above

- Private breakfast or lunch meeting with a physician in your area of interest and a senior Foundation staff member
- One-page donor profile feature article with photos in one issue of the *Foundation Update* newsletter
- Invitation for two (2) to a Foundation board or Hospital community board function

My President's Partners gift pledge is an unrestricted contribution of: \$ _____ .

PAYMENT OPTIONS

Check

- One-time payment by check. Enclosed is my check payable to California Hospital Medical Center Foundation.

Credit Card

- One-time payment by credit card.
- Four quarterly installment payments by credit card, with first payment to be charged on (specify date): _____ .
I understand that future payments will be automatically charged on a quarterly basis until my pledge is fulfilled.

Card Type: Visa MasterCard American Express

Card Number

Expiration Date

Name on Card

Signature

MEMBER INFORMATION

Member Name (individual or corporation/organization)

Contact Name and Title (if member is a corporation/organization)

Address

City, State, ZIP

Phone

Email Address

California Hospital Medical Center Foundation is a 501(c)(3) nonprofit charitable organization. Your gift, less the value of any goods or services provided, is tax-deductible to the extent allowed by law.



California Hospital
Medical Center Foundation

A member of CHW

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