



PLEDGE CARD

Name _____

Address _____

Phone(home) _____ (work) _____

I wish to become a member of the Women's Philanthropy Society or renew my present membership by committing a \$100 gift to Cabell Huntington Hospital to benefit Women's & Children's Health.

I wish to pay my \$100 gift in the following manner:

\$25/month to be paid November, December, January & February one time gift of \$100

Make checks payable to: Cabell Huntington Hospital Foundation, Inc. • 1340 Hal Greer Blvd. • Huntington, WV 25701

The completion of your pledge admits you to the annual WPS luncheon.