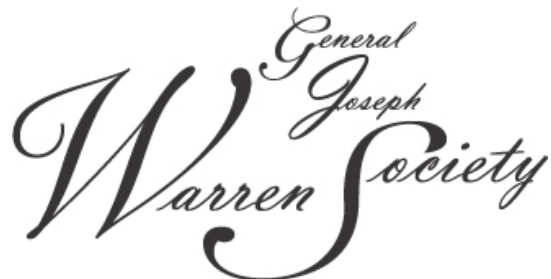


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\_\_\_\_\_ I accept your invitation to become a member of the General Joseph Warren Society and commit a minimum of \$10,000 to the Commonwealth Health Foundation.

**General's Circle**

\$ \_\_\_\_\_ 4 Star General (\$100,000 +)

\$ \_\_\_\_\_ 3 Star General (\$50,000 - \$99,999)

\$ \_\_\_\_\_ 2 Star General (\$25,000-\$49,999)

This commitment is to be met as follows:

*(Please describe payment plan - cash, stock, lump sum, or multiple installments not to exceed 10 years):*

\_\_\_\_\_  
\_\_\_\_\_

Payment of \$ \_\_\_\_\_ enclosed.

Please send a reminder for payment:

Annually                       Semiannually

Signature \_\_\_\_\_

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

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

Please print name(s) exactly as you wish for recognition purposes:

\_\_\_\_\_

*(For example: Mary and John Smith; Mr. & Mrs. John Smith; Mary Smith, M.D.)*

How (or from whom) did you hear about the General Joseph Warren Society?

\_\_\_\_\_

*Please make your check payable to the Commonwealth Health Foundation and return with the completed enrollment form to:*

Commonwealth Health Foundation  
800 Park Street  
P.O. Box 1868  
Bowling Green, KY 42102-1868



[www.chfbg.org](http://www.chfbg.org)