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## *The* PHYSICIANS' WALL *of* HONOR

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THE PHYSICIANS' WALL *of*  
HONOR *celebrates the many generous*  
*physicians who have faithfully supported*  
*Memorial's mission, vision and goals.*

*With each membership, the physician will*  
*receive a name plate on the Physicians'*  
*Wall of Honor in the perspective section.*

† CATHOLIC HEALTH  
INITIATIVES

Memorial Health Care System  
*Foundation*

Memorial Health Care System Foundation  
2525 de Sales Avenue  
Chattanooga, TN 37404

423-495-GIFT (4438)  
[www.memorial.org/foundation](http://www.memorial.org/foundation)

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INITIATIVES

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# The PHYSICIANS' WALL of HONOR

## CHIEFS OF STAFF

The Chief of Staff plaques recognizes the many leaders who have served the Medical Staff since Memorial opened in 1952. Each physician is listed with their years of service.

## PHYSICIAN FOUNDERS' SOCIETY

A cumulative commitment of \$10,000 over a period of ten years or less will entitle a physician to be a member of the Founders' Society. A pledge today of \$1,000 each year for 10 years would earn recognition at the Founders' Society level.

## PHYSICIAN PRESIDENTS' CIRCLE

A cumulative commitment of \$5,000 over a period of ten years or less will entitle a physician to be a member of the Founders' Society. A pledge today of \$500 each year for ten years would earn recognition at the Presidents' Circle level.

## PHYSICIANS' SOCIETY

A cumulative gift of \$2500 will entitle a physician to be a member of the Physicians' Society. A pledge today of \$500 each year for five years would earn recognition at the Physicians' Society level.

## PHYSICIANS' CIRCLE

A gift of any size under \$2500 will entitle a physician to be a member of the Physicians' Circle and earn recognition at this level for one year.

## My Donation or Pledge

Name \_\_\_\_\_

Address \_\_\_\_\_

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

I would like to be a member of:

- Physician Founders' Society** \$10,000 pledge
- Physician Presidents' Circle** \$5,000 pledge
- Physicians' Society** \$2,500 pledge

I would like my gift to support:

- Cancer Services
- Cardiac Services
- Orthopedic Services
- Surgery Services
- Greatest Need
- Other \_\_\_\_\_

My payment is enclosed or I will pay my pledge as follows: \_\_\_\_\_

Signature \_\_\_\_\_

Name as you would like to be recognized on the Wall of Honor:

\_\_\_\_\_

I would like to pay \$ \_\_\_\_\_ by credit card:

**circle one:** Visa MasterCard Discover AmEx

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

I am employed by Memorial and authorize \$ \_\_\_\_\_ to be payroll deducted over \_\_\_\_\_ (number of pay periods).

I would like to remain anonymous.

*Please make checks payable to  
Memorial Foundation.*

*Thank you for your generous support.*