

OUR COMMUNITY HEALTHCARE FUTURE:
THE CAMPAIGN FOR MARTHA JEFFERSON HOSPITAL

I/We would like to make a gift of \$_____ to **Our Community Healthcare Future: The Campaign for Martha Jefferson Hospital**. I/We understand that my/our gift will be invested in the new hospital at Peter Jefferson Place.

I/We have chosen one of the following payment options:

Payment of Cash

- Please find enclosed a gift of \$_____.
- Please make checks payable to Martha Jefferson Hospital.

Credit Card Payment

- I/We would like my/our card to be charged in this amount \$_____.

My/Our card is a Visa MC AmEx Disc Card #: _____

Name as it appears on card: _____ Exp. Date: ____/____

Signature (required): _____

Home Phone (required): _____

Payment of Stock

- If you are making a gift of securities, please call the Foundation Office at 434-982-8258 or visit our website at www.mjhfoundation.org and click "Ways to Give" for transfer information.

Multi-Year Pledge

- We welcome multi-year pledges. Please call the Foundation Office at (434) 982-8258 to discuss your plans with our staff.

Planned Giving

- I/We would like to learn about making a deferred gift to Martha Jefferson. Please contact me/us at the following phone number: _____.

Donor Recognition

- For the purpose of listings and publications, I/we would like to be recognized as:

- I/We would like for my/our gift to remain anonymous.

For purposes of acknowledgement, please provide:

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail address: _____

Form completed by: _____

Date: _____

Please return this form by mail, fax or in person to:
Martha Jefferson Hospital Foundation, 459 Locust Avenue, Charlottesville VA 22902-4808
(434) 982-7316 fax • www.mjhfoundation.org

