Martha Jefferson Hospital Foundation

459 Locust Avenue
Charlottesville, VA 22902
www.mjhfoundation.org
(434) 654-8258 Office
(434) 654-7316 Fax

GIFT AND COMMITMENT FORM

2010 ANNUAL RECOGNITION SOCIETIES

2010 ANNUAL FUND

☐ ***MARTHA JEFFERSON SOCIETY*** - Recognizes donors making a sustaining gift of $1,000 -$4,999 during the calendar year to support the margin of excellence at Martha Jefferson Hospital and recognizes the special legacy of those who have given $5,000 or more cumulatively.

☐ ***SECOND CENTURY PARTNERS*** - Recognizes donors who make a leadership gift of $5,000 or more during the calendar year to support current programs and services and enhance the very best in healthcare for our community.

☐ ***FRIENDS OF MARTHA JEFFERSON*** - Recognizes donors who make an annual gift of $100 – $999 to advance the mission of Martha Jefferson Hospital – to improve the health of our community.

☐ ***FOUNDERS' FUND*** - Recognizes Martha Jefferson Medical Staff who make gifts of $100.00 or more annually.

Yes, I/we would like to make a gift to support the 2010 Annual Fund. Amount enclosed $_____.

Please designate my/our Annual gift to support the following:

☐ *UNDESIGNATED – WHERE NEED IS GREATEST*
☐ *NURSING CARE*
☐ *PALLIATIVE CARE*
☐ *CANCER CARE*
☐ *HEART AND VASCULAR CARE*
☐ *WOMEN'S HEALTHCARE*
☐ *PLEASE DESIGNATE THIS GIFT AS FOLLOWS:*
_____

For the purpose of donor recognition listings, displays, publications and use of photographs, I/we give permission for Martha Jefferson Hospital and/or Foundation to publicly recognize my/our donation and would like to be recognized as (please print your name(s) precisely as you would like it/them to appear):

Name(s) _____

Address _____ City/State/Zip _____

Preferred Phone _____ Email _____ ☐ Anonymous – Do not recognize

Method of Payment:

☐ Pledge of the amount specified above, payable by December 31, 2010. For pledges spanning more than one calendar year, please contact the Foundation office.

☐ Check enclosed – Please make check payable to **Martha Jefferson Hospital**.

☐ Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card type _____ Exp. Date _____ Name on Card _____.

☐ I/We would like to make this gift in honor/memory of: _____.

Please notify (Name) _____ of this tribute gift at the following mailing address _____.

NOTE: For gifts to be recommended from Donor Advised Funds, planned gifts or gifts of appreciated securities, please call Ray Mishler or Cathy Link in the Foundation Office at 434-654-8258 for updated information and instructions.

Your gift, payable to **Martha Jefferson Hospital**, is tax-deductible to the extent allowed by law.

Thank You!

Please return completed form to: Martha Jefferson Hospital Foundation.

QUESTIONS? CONTACT: RAY.MISHLER@MJH.ORG • CATHY.LINK@MJH.ORG • LAURI.WILSON@MJH.ORG *5.5.10*