Martha Jefferson Hospital Foundation

500 Martha Jefferson Drive
Charlottesville, VA 22911
www.mjhfoundation.org
(434) 654-8258 Office
(434) 654-7316 Fax

2011 Charitable Gift Form

2011 Annual Recognition Societies

- ***PRESIDENT'S CIRCLE*** - Recognizes donors making gifts totaling $10,000 or more during the calendar year.
- ***MARTHA JEFFERSON SOCIETY*** – Recognizes donors making gifts totaling $1,000 - $9,999 during the calendar year.
- ***FRIENDS OF MARTHA JEFFERSON*** – Recognizes donors making gifts totaling $100 - $999 during the calendar year.
- ***FOUNDER'S FUND*** – Recognizes Martha Jefferson Medical Staff donors making gifts totaling $100 or more during the calendar year.

Yes, I/we would like to make a gift to support the Caring Tradition at Martha Jefferson Hospital.
Amount enclosed $_____. Please designate my/our Annual gift to support:

☐	**Palliative Care**	☐	**Cancer Care**
☐	**Nursing Care**	☐	**Heart and Vascular Care**
☐	**Clinical Education and Professional Development**	☐	**Women's Healthcare**
☐	**Arts-In-Healthcare**	☐	**Mother-Baby Care**
☐	**Therapeutic Landscapes, Plantings and Trails**	☐	**Unrestricted**

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:

☐ 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(s)]_____ 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 contact 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