

**Martha  
Jefferson Hospital Foundation**

**Gift of Gratitude**

Date: \_\_\_\_\_

**Your contact information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

**In  memory  honor of:** \_\_\_\_\_

Person to notify of this gift:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

(Relationship to the person being honored/remembered: \_\_\_\_\_)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

I would like my gift to support: \_\_\_\_\_

My check in the amount of \$\_\_\_\_\_ is enclosed.

(Please make checks payable to **Martha Jefferson Hospital**)

Please charge my gift of \$\_\_\_\_\_ to:  MasterCard  VISA  American Express

Name on the card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Mail checks and mail or fax form with credit card information to:**

**MJH Foundation, 500 Martha Jefferson Drive, Charlottesville, Virginia 22911. Fax: 434-654-7316**