

Martha Jefferson Hospital Foundation



Third-Party Event Proposal

Please submit your proposal and supporting materials to the Martha Jefferson Hospital Foundation.

Mail:
Martha Jefferson Hospital Foundation
Attn: Lauri Wilson
500 Martha Jefferson Drive
Charlottesville, VA 22911

Email: MJH_Foundation@sentara.com
Fax: (434) 654-7316

Contact Information

Group/Organization: _____

Contact Person: _____

Mailing Address: _____

(City) (State) (Zip)

Telephone: _____

Proposed Event Details

Name of Proposed Event: _____

Date(s) Scheduled: _____

Venue Address: _____

(City) (State) (Zip)

Briefly describe the event (e.g., Walk/Run, Golf Tournament, Concert, etc.):

Expected number of attendees: _____ Will alcohol be served at the event: Y / N

Does your event require a license: Y / N

Expected amount of Donation to Sentara Martha Jefferson Hospital: \$ _____

How will you promote the event (Please include social media outlets as well):

Date: _____

Print Name: _____

Organization: _____

Signature: _____

FOR MJHF USE ONLY			
Application received: _____	Proposal: _____	Approved _____	Declined _____