



CHARITABLE GIFT AND COMMITMENT FORM

I/we wish to support the **Martha Jefferson Caring Tradition** fund with my/our gift.

Enclosed is my/our gift of \$ _____

Or, you may designate your gift to one of the following philanthropic priorities:

- Haden Nursing Institute**
- Clinical Staff Education**
- Caregiver Center**
- High Risk Breast Cancer Program**
- Palliative Care**
- Cancer Survivorship Program**

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 #:
Card Type _____ Exp. Date _____ Name on Card _____ CVV # _____

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 _____

For Gifts of Securities, or making a gift with your IRA please call the Foundation office at 434-654-8258 or visit the Foundation website for instructions: www.mjhfoundation.org

- I have included Martha Jefferson Hospital in my estate plans.
- Please contact me to discuss ways to include the hospital in my estate plans.

Please consult your tax advisor regarding the deductibility of your gift.

GIFT RECOGNITION LEVELS:

PRESIDENT'S CIRCLE
Annual gifts of \$10,000 or more.

MARTHA JEFFERSON SOCIETY
Annual gifts of \$1,000 - \$9,999

FRIENDS OF MARTHA JEFFERSON
Annual gifts of \$100 - \$999

SUPPORTERS
Annual gifts of \$1 - \$99

FOR MORE INFORMATION CONTACT:
Martha Jefferson Hospital Foundation
500 Martha Jefferson Drive
Charlottesville, VA 22911
434-654-8258 phone
434-654-7316 fax
PLEASE VISIT OUR WEBSITE AT
WWW.MJHFOUNDATION.ORG

Thank You!