



THE
WOMEN'S
COMMITTEE

Martha Jefferson Hospital Foundation

2021 Membership Renewal Form due by April 29, 2021

Member Information

Name: _____
Spouse: _____
Address: _____
City _____ State _____ Zip _____
Phone: _____ (home) _____ (cell)
Email: _____

Please note if there are changes from last year's information

Membership Requirements

By submitting this form, I pledge to fulfill the requirements of an Active Member of The Women's Committee and support our 2021 annual fundraisers:

- **I agree to serve** at a 2021 fundraising event and work the necessary shifts as prescribed by the event chair. The fundraising events include In the Pink, Squash Cancer, and Martha's Market.
- **I will attend** the Annual Meeting in April and the Kick-Off Meeting in September.
- **Sponsoring new members:** I agree that, in order to sponsor a new member, I will be a TWC member in good standing for at least one year (active on committee and current on financial donations).
- **I will make a contribution by April 29, 2021** toward women's health programs advanced by The Women's Committee:
 - I have enclosed a check for my financial donation, made payable to:** Martha Jefferson Hospital Foundation; 500 Martha Jefferson Drive; Charlottesville, VA 22911
 - I prefer to pay via credit card.**
Credit Card Number: _____
Exp. Date: _____ Name on Card: _____
 - I pledge to fulfill my financial donation via a sponsorship level commitment (\$500 and up) to a TWC event, as noted below. Pledges to be paid prior to the event.**

Martha's Market

- \$20,000: Presenting Sponsor
- \$10,000: Event Sponsor
- \$5,000: Major Sponsor
- \$2,500: Special Sponsor
- \$1,000: Partner Sponsor

In the Pink & Squash Cancer

- \$5,000: Grand Slam Sponsor
- \$2,500: Ace Maker Sponsor
- \$1,000: Match Sponsor
- \$500: Volley Sponsor



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For the purpose of donor recognition listings, displays, publications and use of photographs, I/we give permission for Sentara Martha Jefferson Hospital and/or Martha Jefferson Hospital 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) _____

Requests for changes to membership should be addressed to membershipchairTWC@gmail.com or via mail to Lisa Bush, Membership Chair, 1635 Ravens Place, Charlottesville, VA 22911.

Please Note: All gifts to Sentara Martha Jefferson Hospital are tax-deductible within the current provisions of the Internal Revenue Code and regulations. Please consult with your tax advisor regarding the full implications of your gift.