



THE GALEN SOCIETY

GIFT INTENT FORM

OVERVIEW:

Galen Society members value having an independent, not-for-profit Hospital in their community. They proudly support the best patient care for all through their philanthropic giving to Virginia Hospital Center and work to build visibility and engagement for the Hospital and its programs.

ELIGIBILITY:

To become a member of The Galen Society, a donor makes a one-time gift or pledge of at least \$25,000. Donors can also join The Galen Society through their cumulative giving of \$25,000 or more to Virginia Hospital Center. Members maintain their philanthropic support of the Hospital with an annual gift of \$1,000 or more once their pledge is completed.

GALEN SOCIETY RECOGNITION & BENEFITS:

- Name recognition in donor displays, such as the Wall of Philanthropy in the Hospital’s Waterfall Atrium
- An Invitation to exclusive Galen Society events with Virginia Hospital Center’s President & CEO
- Complimentary parking at Virginia Hospital Center
- 25% off Hospital fitness and wellness classes
- Special amenities during hospital stays

DONOR DETAILS:

I intend to make a gift of \$_____ to the Virginia Hospital Center Foundation, designated to _____.

Enclosed is payment in full for this gift. (Checks made payable to *Virginia Hospital Center Foundation*)

I intend to fulfill this commitment over ___ years. I anticipate paying in [annual/quarterly/monthly] installments beginning on _____.

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: (_____) _____

Email: _____

Signature: _____

Date: _____

Pledges may be fulfilled by credit card, gifts of appreciated securities, or other tangible assets. Unless otherwise instructed, invoices will be sent to the donor according to the schedule suggested above.

To join The Galen Society or for more information, contact Colleen Hughes: chughes@virginiahospitalcenter.com 703.717.4424.