



FOUNDATION

Women's Health Circle

GIFT INTENT FORM

OVERVIEW

Women's Health Circle (WHC) members partner with Virginia Hospital Center (VHC) through their personal support, community outreach and program involvement. WHC members focus specifically on promoting VHC's women's health initiatives and services.

ELIGIBILITY

To join the Women's Health Circle, an individual commits \$5,000 or more, which can be paid over 5 years. Those making this level of commitment are invited to exclusive WHC and Foundation events. The funds raised through membership are directed towards a specific hospital priority voted on by WHC members.

FUNDRAISING PRIORITY

In February 2021 the membership voted that WHC's funds would be directed to the Pharmacy Assistance Program at VHC Pediatrics.

DONOR DETAILS

I intend to make a gift of \$ _____ to the Virginia Hospital Center Foundation, designated to the Women's Health Circle (WHC.)

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, pledge reminders will be sent to the donor according to the schedule above.

For information or to join the Women's Health Circle, please contact Rosemarie O'Connor:
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