



2018 TWIG MEMBERSHIP FORM

Please use the form below to renew your TWIG membership. Each TWIG member is required to pay their own dues of \$10.00 with a personal check, money order or credit card. Please make checks out to **TWIG of Nationwide Children's Hospital**. If you would like to charge your dues to a credit card, please call Mary Derr at 614-355-5432 or visit NationwideChildrens.org/TWIG. This form is available on the TWIG webpage.

Note: Per IRS regulations, membership dues CANNOT be paid with a TWIG Treasury Check and will be returned.

TWIG # _____ I am an: Active Member Alumni Member

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Are you the 2018 Chair of your TWIG? Yes No

Are you the 2018 Treasurer of your TWIG? Yes No

Are you the 2018 Bazaar Chair for your TWIG? Yes No

Mail Membership Forms with your \$10.00 dues by December 31, 2017 to:
Nationwide Children's Hospital Foundation
ATTN: TWIG MEMBERSHIP
P.O. Box 16810
Columbus, Ohio 43216-6810