



2019 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 Sophia Ruotolo at 614-355-5487 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: _____

Who is the 2019 Chair of your TWIG? _____

Who is the 2019 Treasurer of your TWIG? _____

Who is the 2019 Bazaar Chair for your TWIG? _____

If you are not yet aware of who your officers are, you will be required to send word to Paula Brose, Vice Chair of Membership, at 614-312-2211/ paulabrose@aol.com, following your first meeting of the year. If you do not send word, 2018 officers will continue to receive communications.

Mail Membership Forms with your \$10.00 dues by December 31, 2018 to:
Nationwide Children's Hospital Foundation
ATTN: TWIG MEMBERSHIP
P.O. Box 16810
Columbus, Ohio 43216-6810