



## 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 visit [NationwideChildrens.org/TWIG](http://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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone Number:

\_\_\_\_\_

Email Address: \_\_\_\_\_

Who is the Chair of your TWIG? \_\_\_\_\_

Who is the Treasurer of your TWIG? \_\_\_\_\_

If your TWIG officers have not yet been selected, we ask you provide names to Vice Chair of Membership, once elections are held. If new names are not provided, then past officers will continue to receive communications.

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