



## BUSINESS PARTICIPANT INFORMATION FORM 2016

Information about your participation will be posted on the Women's Health Virginia web site as soon as we hear from you and will remain on the site through 2016. We will also publicize your participation in media announcements, on Facebook and by e-mail to our mailing list and in public reports of our donors. Tell us here about how you will participate:

**We will join April's celebration of *Women & Girls' Wellness Month* with the following event or promotion:**

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_ Name of event/promotion \_\_\_\_\_

Description \_\_\_\_\_

Location \_\_\_\_\_ Cost \_\_\_\_\_

Advance Deadlines/Registration Requirements \_\_\_\_\_

Contact for further information (phone, email, URL) \_\_\_\_\_

**We will support Women's Health Virginia with the following donation for Women & Girls' Wellness Month:**

- We will donate the following percentage or amount based on receipts from customer, which WHV can designate in its listing of our participation: \_\_\_\_\_
- We are enclosing \$ \_\_\_\_\_. WHV will list our participation noting that we are contributing to WHV.
- We will donate a percentage or amount based on receipts from customers to be determined later. WHV will list our event or participation noting, "A portion of the ticket price will be donated to WHV" or "A portion of sales will be donated to WHV."

*If you are hosting more than one program be sure to send a listing for each event/program.*

**We would like the following promotional materials from Women's Health Virginia**

- Women & Girls' Wellness Logo for use in our advertising
- Poster 11x17" (deep pink with logo and information about your event/support) for store window or other store location
- Poster 8½ x 11" (same as large poster)
- Flyer on white paper suitable for copying (circle size) 8½ x 11" 5½ x 8½ (2/ letter page) 5½ x 4¼ (4/ letter page)
- Please contact me to discuss WHV providing copies of flyers or announcements

### Contact information

Name of business \_\_\_\_\_

Authorized representative

Name & Signature \_\_\_\_\_ Title \_\_\_\_\_

Contact person if different \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please send this form to: **Women's Health Virginia**, 1924 Arlington Blvd., Suite 203, Charlottesville, VA 22903.

If you have any questions or want us to pick up your form and donation, email [whvnet@womenshealthvirginia.org](mailto:whvnet@womenshealthvirginia.org) or call 434-220-4500.

If you want to donate using a credit card, you can do so on our website, [www.womenshealthvirginia.org](http://www.womenshealthvirginia.org) or by calling 434-220-4500.