

IN SUPPORT OF GLORIA TWINE CHISUM, PHD AND THE WOMAN ONE AWARD AND SCHOLARSHIP FUND

The Woman One Award ceremony will be held Monday, April 30, 2018, at the Rittenhouse Hotel at 5:30 p.m.

We are pleased to support the Woman One Award and Scholarship Fund:

___ \$100,000 *Scholar Sponsor (\$25,000/yr.)*

Four-year scholarship named for you or your company

- Recognition during award program
- Pre-event reception and photos with honoree
- Listing on invitation and program
- Reserved seating at award ceremony
- Requested number of event seats

___ \$25,000 *Scholars Circle*

One-year scholarship named for you or your company

- Recognition during award program
- Pre-event reception and photos with honoree
- Listing on invitation and program
- Reserved seating at award ceremony
- Requested number of event seats

___ \$10,000-\$24,999 *Sponsor*

- Recognition during award program
- Pre-event reception and photos with honoree
- Listing on invitation and program
- Reserved seating at award ceremony
- Requested number of event seats

___ \$5,000-\$9,999 *Ambassador*

- Pre-event reception with honoree
- Listing on invitation and program
- Six event seats

___ \$2,000-\$4,999 *Friend*

- Pre-event reception with honoree
- Listing on invitation and program
- Four event seats

___ \$2,500 *Friend of Gloria*

- **Special designation** on invitation and program
- Pre-event reception with honoree
- Four event seats

___ \$1,000 - \$1,999 *Supporter*

- Pre-event reception with honoree
- Listing on invitation and program
- Two event seats

Our/my Woman One pledge amount is \$ _____

*Contributions of \$1,000 and up received by
March 2, 2018, will be listed on the
invitation and program.*

A check is enclosed in the amount of \$ _____

(Please make check payable to Drexel University, IWHL)

Please charge my Visa MasterCard Amex Discover

Card Number _____ Expiration date _____ CVV _____

To make your contribution online, please visit: drexel.edu/medicine/womanonedonate

Please list me/us as: _____

(Please print exactly as you wish to be listed)

Name _____ Company/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Individual seat reservations will be available for \$150 in early 2018.

The fair market value for each individual reservation is \$75. Contributions in excess of that amount are tax deductible.

Please mail your pledge and/or payment to: Drexel University, IWHL, PO Box 8235, Philadelphia, PA 19101-9685



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