

IN SUPPORT OF MOLLY SHEPARD AND THE WOMAN ONE AWARD AND SCHOLARSHIP FUND

The Woman One Award ceremony will be held Monday, April 24, 2017, at the Rittenhouse Hotel at 6 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
- Opportunity to speak at award ceremony

___ \$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 Molly*

- **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 \$ _____

A check is enclosed in the amount of \$ _____

(Please make check payable to Drexel University, IWHL)

*Contributions of \$1,000 and up received by
March 3, 2017, will be listed on the
invitation and program.*

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 \$100 in early 2017.

The fair market value for each individual reservation is \$65. 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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