

# Pledge Letter of Intent

## in support of the Campaign for a Brighter Future

To demonstrate my/our support of **autism, developmental and behavioral health services**, I/we, hereby pledge the sum of \$ \_\_\_\_\_.

Please earmark my donation for the following project (optional) \_\_\_\_\_

**Please choose from the following:**

- ☐ Enclosed please find my check made payable to Middlesex Health.
- ☐ Charge my credit card      ☐ MasterCard      ☐ VISA      ☐ Discover

\_\_\_\_\_ / \_\_\_\_\_  
Card number      Exp. Date

\_\_\_\_\_  
Signature:      CSV code:

- ☐ Gift of stock (please send me transfer instructions)
- ☐ Gift from my Donor Advised Fund held at \_\_\_\_\_
- ☐ Qualified Charitable Distribution from my IRA held at \_\_\_\_\_
- ☐ I/We agree to fulfill the terms of my/our pledge commitment as follows (for gifts of \$5,000 or ore):

1st installment in the amount of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_

2nd installment in the amount of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_

3rd installment in the amount of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_

4th installment in the amount of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_

5th installment in the amount of \$ \_\_\_\_\_ to be paid on \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For recognition purposes, please list name(s) as:

\_\_\_\_\_

I am interested in the following naming opportunity:

\_\_\_\_\_

TAX ID # 06-0646718

Legal name is Middlesex Hospital, a 501 (c) 3 charitable not-for-profit organization

All gifts are tax deductible to the extent allowed by law

**Please send your completed form to:** Sarah Moore

Middlesex Health, Department of Philanthropy

28 Crescent Street, Middletown, CT 06457

Office: 860-358-6200 • Fax: 860-358-6568 • Direct: 860-358-8724

Sarah.Moore@midhosp.org