Pledge Letter of Intent in support of the Campaign for a Brighter Future

То	demonstrate my/our support of aut	ism, develop	omental and	l behavioral health s	ervices,
I/w	ve, hereby pledge the sum of \$		_•		
Ple	ease earmark my donation for the follo	owing project (optional)		
Ple	ease 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 he				
	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 more):				
	1st installment in the amount of	\$	to be paid o	on	-
	2nd installment in the amount of	\$	to be paid o	on	
	3rd installment in the amount of	\$	to be paid o	on	-
	4th installment in the amount of	\$	to be paid o	on	-
	5th installment in the amount of	\$	to be paid o	on	-
Do	nor Name:				
Ad	dress:				-
Phone:			Date:		
Sig	nature:				
Fo	r recognition purposes, please list nar	ne(s) as:			
l aı	m 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

