



August 2022

Dear

You can make a difference in the life of a co-worker or patient by donating to the Employee and Volunteer Giving Campaign.

Please take a moment and make your pledge or donation today! Every dollar counts and we are grateful for your support.

Thank you for making a difference each and every day at Middlesex Health.

STEERING COMMITTEE

CO-CHAIRS

Michele Eggleton
Volunteer Services

Trish Hatin, RTR(M)(QM)(BD)
Radiology, Outpatient Center

Sarah Moore, MBA
Philanthropy

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Middlesex Health Primary Care

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Care at Home, Rehabilitation

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Teri Mountain
Cancer Center

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Middlesex Health Urgent Care

Regina R'egnier
Human Resources

Torrey Trzcienski, MSN, RN, CEN
Nursing

The Campaign for a Brighter Future for Autism and Mental Health Services

Two Projects, One Mission

We are asking for your help to support two important projects: the relocation and expansion of mental health services for people of all ages and a new center for autism and developmental services for children and adolescents. These projects will close the gap in care for people of all ages who are struggling to find supportive care in our community.

Mental Health Services expanding in Middletown

In order for us to continue to meet our community's needs and provide the best mental health services possible, we are relocating nine current program sites in Middletown to the former assisted living facility on Macdonough Place. The facility will have two separate and distinct spaces for adult and child mental health services and will offer:

- + A Welcoming Environment
- + Easier Access for Patients
- + Collaboration Among Providers to Improve Patient Care
- + An Opportunity to Launch New Programs, including:
 - + Postpartum Clinic
 - + Young Adult Services (ages 18 to 24)

"There were a few years that were really hard. When she got to work with [the therapist] you could see a difference in her. She wanted to reach out and talk instead of isolating like before."

— Parent

Autism and Developmental Services opening in Essex

The center will provide comprehensive diagnosis and treatment for children and adolescents with autism and other developmental needs and include a sensory gym, private treatment spaces and group therapy spaces. It will be the first of its kind in Middlesex County and will offer:

- + Applied Behavioral Analysis and treatment (ABA)
- + Speech Therapy
- + Physical Therapy
- + Occupational Therapy

"It is so important as a parent to have your child's care coordinated across disciplines. I can definitely see the benefit of a comprehensive center."

— Parent

To learn more about the projects, visit MiddlesexHealth.org/BrighterFuture



Learn about the McKenna family's experience at MiddlesexHealth.org/mhgives

2022 Middlesex Health Volunteer Donation Form

Please complete this form and return it to the Office of Philanthropy in the enclosed envelope.

Give or pledge online at: MiddlesexHealth.org/mhgives

STEP 1: GIVING LEVELS

- ☐ **Supporter Level** - total gift under \$100
☐ \$25 ☐ \$50 ☐ \$75
- ☐ **Partner Level** - total gift of \$100 or more
☐ \$100 ☐ \$125 ☐ \$150
- ☐ **Leadership Level** - total gift of \$200 or more
☐ \$200 ☐ \$300 ☐ Other \$ _____

☐ **Become a Sustaining Donor**

To provide ongoing support for Middlesex Health,
I'd like to become a Sustaining Donor.

Please charge my credit card the following amount
every month: \$ _____

STEP 2: PAYMENT OPTIONS

- ☐ **Cash or Check** (checks payable to Middlesex Health)
- ☐ **Credit Card** (gifts of \$25 or more)
____ VISA ____ MasterCard ____ Discover
Card # _____
Exp. Date _____ CSV: _____

You may make your gift or pledge online at:
MiddlesexHealth.org/mhgives

STEP 3: GIFT DESIGNATION (Please credit my gift as follows:)

- ☐ **100% for Autism and Mental Health Services**
- ☐ **100% Helping Hands Assistance Fund**
- ☐ **100% Area of Greatest Need**
- ☐ **100% Other** _____
- ☐ **50% for Autism and Mental Health Services and 50% for**
☐ Area of Greatest Need
☐ Helping Hands
☐ Other _____

GIFT FROM YOUR WILL

- ☐ **I have included Middlesex Hospital in my will.**
- ☐ **Contact me about making a gift in my will to Middlesex Hospital.**
Visit MiddlesexHealthHeritageCircle.org for more information.

STEP 4: FOR RECOGNITION PURPOSES (Please print)

- ☐ Please list me as follows: _____
- ☐ I wish my gift to be anonymous.
- ☐ To make your gift in honor of someone, or in memory of someone, please fill out the following information:
☐ In honor of _____ ☐ In memory of _____

If you would like us to notify the family or honoree (gift amount will not be disclosed), please complete the following:

Name: _____

Address: _____ City, State, Zip: _____

STEP 5: EMPLOYEE SIGNATURE

Employee Signature: _____ Date: _____

100% OF YOUR GIFT GOES DIRECTLY TO THE FUND OR FUNDS THAT YOU CHOOSE

- All employees who return their card by **September 30** will be entered to win raffle prizes.
- All employees who contribute will receive a thank you gift(s).
- Payroll deductions will begin with the paycheck you receive on **October 20**.
- Questions? Call **Sally Ann Lee** [Philanthropy] at **ext. 4065**.