MEMBERSHIP FORM

Yes! I want to be a member of the Women's Wellness Fund!

MIDDLESEX HEALTH
WOMEN'S WELLNESS FUND

Name ______________________________

Address ______________________________

____

City, State, Zip ______________________________

I want to support the following women's health projects at Middlesex Health:

- ❑ Deep Inspiration Breath Hold - breast cancer treatment
- ❑ Heart Connect Calls - manage heart disease better
- ❑ Perinatal Social Work Program
- ❑ Any of the Above

Membership Level (Renewable annually)

Membership begins at $100 per year

❑ $100 Member	❑ $1,500 Patron
❑ $250 Associate	❑ $2,500 Benefactor
❑ $500 Friend	❑ $5,000 Champion
❑ $1,000 Sponsor	❑ Other __________

Sustaining Membership

You can pay your membership contribution over time, with a monthly charge on your credit card for one year.

❑ $10/month	❑ $50/month
❑ $25/month	❑ Other __________

❑ This is a gift membership, please send to:

____

____

(include name and mailing address)

Please list me as (for recognition purposes)

____

Not Ready to Become a Member?

Make a donation to support the Women's Wellness Fund projects:

❑ $25 ❑ $50 ❑ $75 Other ________

Tribute/Memorial

As a special tribute, my gift is:

❑ In honor of ______________________________

❑ In memory of ______________________________

If you would like us to notify someone of this gift, please fill out the information below.
(*Please note we will not disclose the amount of your gift.*)

Name ______________________________

Address ______________________________

Payment Method

❑ Check Enclosed, *payable to Middlesex Health Women's Wellness Fund*

Credit Card: ❑ MasterCard ❑ VISA ❑ Discover

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ __ __/__ __

Card number Exp. Date

Signature ______________________________

Sponsorship

❑ I am interested in sponsoring Women's Wellness Fund health talks. Please contact me to discuss available opportunities (please include your contact information).

Return to:
Women's Wellness Fund
c/o Office of Philanthropy
Middlesex Health
28 Crescent Street
Middletown, CT 06457

Contact:
Sarah Moore, Director of Development
860 358-8704 direct
860 358-6200 office
sarah.moore@midhosp.org

middlesexhealth.org/womenswellnessfund