☐ **YES, I will support the best possible care at Middlesex Health**

Enclosed is my gift of: _____

Name _____

Company _____

Address _____

City, State, Zip _____

Email _____

Phone _____

Please use my gift to support:

- ☐ Area of Greatest Need
- ☐ Cancer Center
- ☐ Emergency Services
- ☐ Marlborough Medical Center
- ☐ Mental Health Services
- ☐ Shoreline Medical Center
- ☐ Technology and Innovation
- ☐ Other

Payment Method

- ☐ Check Enclosed, payable to **Middlesex Health**
- ☐ Credit Card

_____ ___/___ ____
Card number Exp. Date CSV

Billing Zip Code _____

Signature _____

Middlesex Health
Office of Philanthropy
28 Crescent Street
Middletown, CT 06457
860-358-6200
MiddlesexHealth.org

Become a Sustaining Donor

Please charge my credit card the following amount every month:

☐ $10 ☐ $25 ☐ $50 ☐ Other $_____

Many Ways to Give

Donor Advised Funds

You can make a grant to Middlesex Hospital (legal name) at any time from your donor advised fund. Our tax ID # is 06-0646718.

Gifts from Your Will or Estate

Including Middlesex Hospital (legal name) as a beneficiary in your will, life insurance plan or retirement account helps the Hospital meet the future health care needs of the community.

Contact Sarah Moore at 860-358-8704, or visit MiddlesexHealthHeritageCircle.org to learn more.

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 _____

☐ My Employer will match my gift

The name of my employer is: _____