

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



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

**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 (Middletown/Westbrook)
- Marlborough Medical Center
- Shoreline Medical Center
- Other

**Payment Method**

Check Enclosed, payable to **Middlesex Health**

Credit Card:  MasterCard  VISA  Discover

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

Signature \_\_\_\_\_

**Become a Sustaining Donor**

To provide on-going support for Middlesex Health I'd like to become a Sustaining Donor. Please charge my credit card the following amount every month: \$ \_\_\_\_\_

**Many Ways to Give**

**Donor Advised Funds**

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

**Gifts from Your Will or Estate**

Including Middlesex Health 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](http://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: \_\_\_\_\_

Please omit my name from your mailing list.