

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
- Campaign for a Brighter Future
- 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 ongoing 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 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.