| YES, I will support the best possible care at Middlesex Health | Middlesex Health |
|--|---|
| Enclosed is my gift of: | Middlesex Health |
| Name | Office of Philanthropy 28 Crescent Street Middletown, CT 06457 860-358-6200 www.middlesexhospital.org |
| | |
| | Become a Sustaining Donor |
| City, State, Zip | To provide ongoing support for Middlesex Health I'd like |
| Email | to become a Sustaining Donor. Please charge my credit card the following amount every month: \$ |
| 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 | 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. |
| Card number Exp. Date CSV | Contact Sarah Moore at 860-358-8704 or visit middlesexhealthheritagecircle.org to learn more. |
| Signature | |
| As a special tribute, my gift is: | |
| ☐ In memory of | |
| If you would like us to notify someone of this gift, please fil disclose the amount of your gift.) | l out the information below. (Please note we will not |
| Name | |
| Address | |
| ☐ My Employer will match my gift | |
| The name of my employer is: | |

☐ Please omit my name from your mailing list.