



HARTFORD HOSPITAL

Yes, I will help Hartford Hospital!

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Please direct my gift to:

- Areas of Greatest Need
- Helen & Harry Gray Cancer Center
- Henry Low Heart Center
- Institute of Living
- Integrative Medicine
- Palliative Care
- Memorial Fund
- Other: _____
(please call 860-545-2322 for a specific fund)

If this gift is given in memory or in honor of a person, please fill out the information below:

In Memory of: _____

In Honor of: _____

Would you like us to notify the family of this gift: Yes: No:

If yes, please provide us with the name and address of a family member so that we may notify them of your thoughtfulness:

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gifts will be matched by my/my spouse's employer (please enclose matching gift form): Yes: No:

Amount of gift: \$ _____

Method of Payment:

- Check Visa Master Card Amex Discover

Card #: _____

Expiration Date: _____

Signature: _____

All gifts of \$100 or above are recognized in Hartford Hospital's Honor Roll of Donors. If you do not want your name to be included in the Honor Roll, please check this box:

Please send this form and check to:

Hartford Hospital
ATTN: Fund Development
80 Seymour Street
P.O. Box 5037
Hartford, CT 06102

*Thank you for your support of
Hartford Hospital!*