

Central Region Colleague Giving Form

Your donation remains at the hospital selected to support your family, community and our patients.

Name: _____ Employee ID#: _____
 Address: _____ City _____ ST _____ Zip _____
 Department: _____ Phone Number: _____

STEP 1: CHOOSE THE HOSPITAL(S) YOU WISH TO DONATE TO

- MIDSTATE MEDICAL CENTER
- THE HOSPITAL OF CENTRAL CONNECTICUT

STEP 2: CHOOSE A PAYMENT METHOD

A. PAYROLL DEDUCTION (minimum of \$2 per pay period)

- Deduct \$ _____ bi-weekly from my paycheck until I inform you otherwise

B. ONE-TIME GIFT

- Check Enclosed \$ _____ (Payable to the hospital entity)
- Credit Card \$ _____ Circle One: MasterCard Visa Discover AmEx

Credit Card Number _____ Exp. Date _____ Security Code _____

STEP 3: GIFT DESIGNATION (optional)

UNLESS OTHERWISE MARKED, YOUR GIFT WILL GO TO THE AREAS OF GREATEST NEED

Areas of Focus this year include:

- Neighborhood Health
- Maternal Health
- Colleague Assistance
- HOCC Cancer Center-Celebrating 10 years

MIDSTATE MEDICAL CENTER	THE HOSPITAL OF CENTRAL CONNECTICUT
<input type="checkbox"/> Areas of Greatest Need	<input type="checkbox"/> Areas of Greatest Need
<input type="checkbox"/> Breast Cancer Early Detection	<input type="checkbox"/> Breast Cancer Early Detection
<input type="checkbox"/> Cancer Center	<input type="checkbox"/> Behavioral Health
<input type="checkbox"/> Jill Bertolini Fund	<input type="checkbox"/> Cancer Center – George Bray
<input type="checkbox"/> Dr. Jeffrey A. Finkelstein Fund	<input type="checkbox"/> Jill Bertolini Fund
<input type="checkbox"/> K-9 Security Fund	<input type="checkbox"/> Dr. Jeffrey A. Finkelstein Fund
<input type="checkbox"/> Nursing Education	<input type="checkbox"/> K-9 Security Fund
<input type="checkbox"/> Patient Assistance	<input type="checkbox"/> Nursing Education
<input type="checkbox"/> Other _____	<input type="checkbox"/> Patient Assistance
	<input type="checkbox"/> Other _____

STEP 4: SIGN, DATE AND RETURN FORM

Signature _____ Date: _____
Signature and date required to process request

INTEROFFICE, SCAN FORM OR CALL 860.224.5685
 JENNIFER MILARDO, PHILANTHROPY DEPARTMENT OR
Jennifer.Milardo@hhchealth.org

One Time Online Donation: THOCC.org/donate or midstatemedical.org/donate