

## Central Region Colleague Giving Form

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

**For Every \$100 you donate, \$10 will be donated to a local food pantry\***

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*

MIDSTATE MEDICAL CENTER	THE HOSPITAL OF CENTRAL CONNECTICUT
___ AREAS OF GREATEST NEED ___ Breast Cancer Early Detection ___ Cancer Center ___ Nursing Education ___ Patient Assistance ___ Other _____	___ AREAS OF GREATEST NEED ___ Breast Cancer Early Detection ___ Behavioral Health ___ Cancer Center - George Bray ___ Nursing Education ___ Patient Assistance ___ Other _____

### STEP 4: \*CHOOSE YOUR LOCAL PANTRY (Applicable if your donation is \$100 or more):

- \_\_\_ Master's Manna, Wallingford
- \_\_\_ HRA of New Britain
- \_\_\_ New Opportunities of Greater Meriden
- \_\_\_ Southington Community Services

### STEP 5: SIGN, DATE AND RETURN FORM

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature and date required to process request*

INTEROFFICE OR SCAN FORM OR CALL 860.224.5624  
 CHERYL BELOMIZI, PHILANTHROPY DEPARTMENT OR [CHERYL.BELOMIZI@HHCHEALTH.ORG](mailto:CHERYL.BELOMIZI@HHCHEALTH.ORG)

ONLINE GIVING: [THOCC.org/donate](http://THOCC.org/donate) or [midstatemedical.org/donate](http://midstatemedical.org/donate)

The Hospital of Central Connecticut  
MidState Medical Center

## As a thank you, you will receive:

**Starfish Pin**  
All who participate



**Corkcicle Canteen 25oz**  
\$5/pay period

**Picnic Blanket**  
\$10/pay period

**Cell Sanitizer & Charger**  
\$20/pay period



**Zip-Up Fleece\***  
\$40/pay period

\*Women's or Men's: \_\_\_\_ Size: \_\_\_\_

NOTE: You will receive the gift at your donation level, in addition to those gifts featured for each level below.

PLEASE ALLOW APPROXIMATELY 2-3 WEEKS FOR DELIVERY

## THANK YOU FOR YOUR SUPPORT!