

## 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*

MIDSTATE MEDICAL CENTER	THE HOSPITAL OF CENTRAL CONNECTICUT
<p>___ <b>AREAS OF GREATEST NEED</b></p> <p>___ Breast Cancer Early Detection</p> <p>___ Cancer Center</p> <p>___ Jill Bertolini Fund</p> <p>___ Nursing Education</p> <p>___ Patient Assistance</p> <p>___ Other _____</p>	<p>___ <b>AREAS OF GREATEST NEED</b></p> <p>___ Breast Cancer Early Detection</p> <p>___ Behavioral Health</p> <p>___ Cancer Center - George Bray</p> <p>___ Jill Bertolini Fund</p> <p>___ Nursing Education</p> <p>___ Patient Assistance</p> <p>___ Other _____</p>

### STEP 4: SIGN, DATE AND RETURN FORM

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

**INTEROFFICE OR SCAN FORM OR CALL 860.224.5624**  
**JENNIFER MILARDO, PHILANTHROPY DEPARTMENT OR**  
[JENNIFER.MILARDO@HHCHEALTH.ORG](mailto:JENNIFER.MILARDO@HHCHEALTH.ORG)

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