



Development Office
435 Lewis Avenue
Meriden, CT 06451
860.224.5567

Please make your check payable to **MidState Medical Center** and return it with this form. MidState Medical Center is a not-for-profit organization. Gifts are tax deductible as permitted by law.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____ **Phone** _____

Yes, I want to support MidState Medical Center with a gift of:

\$1,000 \$500 \$250 \$100 \$50 \$_____

Payment Method: Check Visa MasterCard

Credit Card Number Expiration Date

Signature

This gift is: **Physician/Caregiver Recognition**
 In memory of **In honor of** **Anonymous**

(Provide name above of person recognized, in memory, or in honor of)

(Provide name and address above of person who should be notified of your generous gift)

- Please send me information about including MidState in my estate plans.**
- I have already included MidState in my will or estate plans.**