Hartford HealthCare
MidState Medical Center

Development Office
435 Lewis Avenue
Meriden, CT 06451
860.224.5567

Please make your check payable to **MidState Medical Center** and

**Name** _____

**Address** _____

_____

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

**Email** _____ **Phone** _____

☐ **Please send me information about including MidState in my estate plans.**

☐ **Please see reverse for updated profile information**

☐ **My company will match my gift**

**Yes**, I want to support MidState Medical Center with a gift of:
Circle Amount: $25 $50 $100 $250 Other $_____

Payment Method (circle): Check Visa MasterCard Discover AmEx

_____
Credit Card Number Expiration Date

_____ _____
Security Code Signature

***Gift Designation (circle):*** *Area of greatest need, Cancer Center, Diabetes, Cardiology, Family Birthing Center, Other*_____

**Tribute Information (optional):** ☐ Physician/Caregiver Recognition
☐ In memory of ☐ In honor of ☐ Anonymous

Name of person recognized, in memory, or in honor of:

_____

Name and address of person who should be notified of your tribute gift:

_____

_____

Updated donor information

**Name** _____

**Address** _____

_____

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

**Email** _____ **Phone** _____

**Date of Birth** _____

If you wish to have your name removed from the list to receive fundraising requests, please contact us in the following ways: write to MidState Medical Center, Development Department, 435 Lewis Avenue, Meriden, CT 06451, email Midstatedevelopment@hhchealth.org, or call 203-694-8743. Please allow up to four weeks for the request to be processed.

*MidState Medical Center is a not-for-profit organization. Gifts are tax deductible as permitted by law.*