



Central Region Colleague Giving Form, Medical Staff Division

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 ___ COVID-19 ___ Breast Cancer Early Detection ___ Cancer Center ___ Cardiology ___ Diabetes ___ Provider Wellness Fund ___ Other _____	___ AREAS OF GREATEST NEED ___ COVID-19 ___ Breast Cancer Early Detection ___ Cancer Center – George Bray ___ Cardiology ___ Diabetes ___ Provider Wellness Fund ___ Other _____

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

- ___ Master’s Manna, Wallingford
- ___ New Opportunities of Greater Meriden
- ___ HRA of New Britain
- ___ 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 203.694.8743
 TINA FABIANI, PHILANTHROPY DEPARTMENT OR TINA.FABIANI@HHCHEALTH.ORG

ONLINE GIVING: THOCC.org/donate or midstatemedical.org/donate

Hartford HealthCARES

Where we work. Where we live.
Where we give.

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!