



## Yes, I will support Hartford Hospital!

Please send this form and your gift to:  
Hartford Hospital, Department of Philanthropy, 80 Seymour Street,  
P.O. Box 5037, Hartford, CT 06102

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Amount of gift: \$** \_\_\_\_\_

Method of Payment:

- Check (payable to Hartford Hospital)
- Visa                       Master Card                       Amex                       Discover

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code #: \_\_\_\_\_

Signature: \_\_\_\_\_

### Gift Information

- I wish for my gift to be anonymous.
- My/my spouse's company will match my gift to Hartford Hospital.  
Company Name: \_\_\_\_\_
- Please send me information on how to include Hartford Hospital in my will.

**If this gift is given in memory or in honor of a person,** please fill out the information below:

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Unless otherwise instructed, your gift will be directed to Areas of Greatest Need and will provide an unrestricted gift that can be put to immediate use wherever it's needed most – including enhancing programs and services that lead to better care for every single one of our patients. For more information on different giving opportunities, please call 860-972-2322.

### Please direct my gift to:

- Areas of Greatest Need                       Ayer Neuroscience Institute                       Bone & Joint Institute
- Helen & Harry Gray Cancer                       Henry Low Heart Center                       Institute of Living
- Nursing Education                       Palliative Medicine                       Women's Health Program

**Thank you for your support of Hartford Hospital!**