



Yes, I will support Charlotte Hungerford!

Please send this form and your gift to:
Charlotte Hungerford Hospital
Gift Processing Center
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 Charlotte Hungerford Hospital)
 Visa Master Card Amex Discover

Card #: _____

Expiration Date: _____ Security Code #: _____

Signature: _____

Gift Information (optional)

- I wish for my gift to be anonymous.
- My/my spouse's company will match my gift to Charlotte Hungerford.
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 Dog Therapy Program Food4Health Program
 Oncology Program Pink Rose (Breast Cancer) Robotics Program

Thank you for your support of Charlotte Hungerford Hospital!