Hartford HealthCare
Manchester Memorial Hospital

☑ ***Yes!*** I will support Manchester Memorial Hospital

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

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail: _____ **Phone:** _____

Gift Amount: $_____

Method of Payment:

☐ Check (payable to Manchester Memorial Hospital)

☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Gift Information:

☐ I wish for my gift to be anonymous

☐ My/my spouse's company will match my gift

☐ Please send me information on how to include the hospital in my will

Please use this section gift is given in memory or in honor of a person

In memory of: _____

In honor of: _____

Please direct my gift to:

☐ Areas of Greatest Need

☐ John A DeQuattro Cancer Center

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—or to make your gift over the phone—please call 860.972.2322.