



Development Office  
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www.midstatemedical.org

**Extraordinary Hospital...Extraordinary Care**

Please make your check payable to **MidState Medical Center** and return it with this form in the envelope provided. Be sure to indicate any necessary corrections to your name and address. MidState Medical Center is a not-for-profit organization. Gifts are tax deductible as permitted by law.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Daytime Phone

**Yes**, I want to support MidState Medical Center. Enclosed is my Annual Appeal gift in the amount of:

\$250    \$100    \$50    \$25    \$\_\_\_\_\_

*Payment Method:*

Check    Visa    MasterCard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Signature

This gift is:  Anonymous    In Memory of:    In Honor of:

- \_\_\_\_ My Employer will match my gift and the form is enclosed.  
\_\_\_\_ I would like information on donating Securities.  
\_\_\_\_ I would like information on the Bequest Society, *Infinity Circle*.  
\_\_\_\_ I would like information on the Buy-A-Brick program.