Hartford HealthCare
St. Vincent's Medical Center

Yes, I will support St. Vincent's Medical Center!

Please send this form and your gift to:
St. Vincent's Medical Center, Department of Philanthropy, 2800 Main Street, Bridgeport, CT 06606

Name:

_____

Address: _____

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

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

Amount of gift: $_____

Method of Payment:

       □ Check (payable to SVMC Holdings, Inc.)

       □ 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 St. Vincent's Medical Center.
  Company Name: _____

□ Please send me information on how to include St. Vincent's Medical Center 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 203-576-5451.

Please direct my gift to:

□ Areas of Greatest Need	□ Behavioral Health	□ Ayer Neuroscience Inst.
□ Oncology Patient Assistance	□ SVMC Heart & Vascular Inst.	□ Digestive Health Inst.
□ Mission/Community Outreach	□ Palliative Medicine	□ SVMC CT Orthopedics Inst.

Thank you for your support of St. Vincent's Medical Center!