



In-Kind Donation Form

Night of Music

Saturday, November 21, 2026

Contact Information:

Company Name: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Merchandise/Service/Gift Certificate Donation:

***Please return this completed form and any in-kind donation items by October 16, 2026.**

Description of Donated Item: _____

Declared Value of Item: \$ _____ Donation is enclosed Please pick up donation at above address

Program Book Advertising Options: (deadline for ads is October 16, 2026)

- \$500 Full Page Ad (7.5" w x 10" h)
- \$250 Half Page Ad (7.5" w x 4.75" h)
- \$100 Business Name Only Listed in Program Book as _____
- \$50 In Memory of - Name Only Listed In Program Book as _____
- \$50 In Honor of - Name Only Listed In Program Book as _____

Please submit high resolution JPG or PDF by October 16, 2026 to christine.howard@hhchealth.org

Donations:

Pay by Credit Card: (check one) Mastercard Visa AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Address: _____ City: _____ State: _____ Zip: _____

Sponsorship Opportunities: Full list of sponsor levels at: <https://giving.stvincents.org/event/a-night-of-music/>

Event Tickets: Available online at: <https://giving.stvincents.org/event/a-night-of-music/>

Make checks payable to: SVMC Holdings, Inc. | write: "NOM" in memo line

Mail to: St. Vincent's Medical Center, Philanthropy Depart., 2800 Main Street, Bridgeport, CT 06606. ATTN: Tyler Burr

Email for more information, Tyler.Burr@hhchealth.org or call (475) 210-7307

For your tax records St. Vincent's Medical Center is a 501(c)(3) nonprofit organization - TAX ID No. 83-2550272