

A Gift to Stamford Hospital



I would like to make a gift to Stamford Hospital.

Name _____
Address _____
City, State, Zip _____
Phone Number _____
E-mail Address _____

My gift amount is \$ _____

- Enclosed is my check made payable to **Stamford Hospital**.
- Please charge my donation to MasterCard Visa
- I would like to make a monthly credit card donation.
- Please charge my monthly gift of \$ _____ to my credit card.

Credit card number _____
Name of card holder _____
Expiration date _____ / _____ / _____
Signature _____

Matching Gifts

My gifts will be matched by my current, former, or spouse's employer.

Matching gift form enclosed Form will arrive later

I would like to make a gift in honor or memory of someone.

In honor of _____
In memory of _____

Please send an honor or memory acknowledgment to:

Name _____
Address _____
City, State, Zip _____

- I wish to make a gift of securities, please contact me.
- Please send me information about remembering Stamford Hospital in my will.
- I wish to remain anonymous.
- Please do not send me information on programs and services at Stamford Hospital.

**You may include comments or additional information on the back of this form.
Thank you for your donation!**

Please designate my gift for programs and services as follows:

- Area of Greatest Need
- Bennett Cancer Center
- Cardiology
- Emergency Department
- Orthopedics
- Pediatrics
- Rehabilitation
- Technology
- Other _____

Please print out, fill in this form and enclose with your payment.

Mail to:

*Stamford Hospital Foundation
1351 Washington Blvd, Suite 202
Stamford, CT 06902*