



Development Office  
100 Grand Street  
New Britain, CT 06050  
860.224.5567

Please make your check payable to **The Hospital of Central Connecticut** and return it with this form. The Hospital of Central Connecticut is a not-for-profit organization. Gifts are tax deductible as permitted by law.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

- Please send me information about including HOCC in my estate plans.
- I have already included HOCC in my will or estate plans.

**Yes**, I want to support The Hospital of Central CT with a gift of:  
Circle amount: \$1,000 \$500 \$250 \$100 \$50 Other \$\_\_\_\_\_

Payment Method (circle): Check Visa MasterCard Discover AmEx

\_\_\_\_\_  
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Security Code \_\_\_\_\_ Signature \_\_\_\_\_

**Gift designation (circle):** Area of greatest need, Behavioral Health, Cancer Center-George Bray, Cardiology, Diabetes, Nursing Education, Family Birthplace, Palliative Care-Wolfson, Other \_\_\_\_\_

**Tribute Information (optional):**  Physician/Caregiver Recognition  
 In memory of  In honor of  Anonymous

Name of person recognized, in memory, or honor of:

\_\_\_\_\_  
Name and address of person who should be notified of your tribute gift:

\_\_\_\_\_  
\_\_\_\_\_