

Gift Form

Today's Date: _____ Name of Donor(s): _____

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

Email: _____ Phone: () _____

Type of Gift: Cash Amount \$ _____
 Check (payable to HCC) Amount \$ _____ Check Number _____
 Credit Card MasterCard Visa American Express
 Amount \$ _____ Card Number _____ Exp. _____
 Cardholder's name: _____ Signature _____

Gift-In-Kind {Non-Cash Gifts}: (Please describe in detail here what is being given)

Estimated value of items donated: \$ _____

Designation/Program: **Area of Greatest Need**
 George Bray Cancer Center
 Cardiovascular Medicine
 Clinical Research Center
 Dialysis Unit – *New Britain Campus*
 Emergency Department Services
 Sauer Family BirthPlace-*New Britain Campus*
 Joslin Center for Diabetes
 Wolfson Palliative Care Program
 Psychiatry and Behavioral Health
 Center for Healthy Aging
 Center for Joint Care
 Cohen Good Life Center
 Auxiliary Event _____
 ED Expansion & Renovation Appeal
 Other _____

This Gift is: In memory of In honor of
 Name of person being memorialized or honored: _____
 or Event being celebrated: _____

Please send an acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Other Appropriate Information or Special Gift Instructions:

Donor Signature: _____ Date: ____/____/____

Staff Member Receiving This Gift: _____

Department: _____