

# MAIL-IN DONATION FORM



Today's hospitals and health systems are continuously evolving and Day Kimball is no exception, leading a national movement to redefine what a community hospital should be. We have the people and capabilities to deliver on that promise and are committed to delivering the highest quality healthcare close to home, using locally-based physicians, new technology and best-in-class clinical partners when you need them. This would not be possible without your support and that of our community.

Your simple act of kindness, expressed through your gift, will have a direct impact by providing vital services and compassionate care to patients and their families in their most critical time of need. To make a donation by mail, please print and mail this completed form to the address listed below.

## DONOR INFORMATION

FIRST NAME/MIDDLE INITIAL/LAST NAME

SPOUSE/PARTNER NAME

COMPANY/ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

## GIFT INFORMATION

DONATION AMOUNT (check one):

\$500  \$250  \$100  \$50  \$25

Other Amount (\$) \_\_\_\_\_

TRIBUTE my/our gift to:

In honor of

In memory of

Please send notification of my/our gift to:

(gift amount will not be included in notification)

Name \_\_\_\_\_

Address \_\_\_\_\_

RECOGNITION PREFERENCES (check one):

Please list my/our name in publications as:

\_\_\_\_\_

I/We would like this gift to remain anonymous

DESIGNATE my/our gift to:

Day Kimball Hospital

Other\* \_\_\_\_\_

**\*Please designate your donation to one or more of the following:**

- Ambulatory Care Unit
- Behavioral Health
- Birthing Center Fund
- Cardiac and Pulmonary Services
- CardioPulmonary Rehab Fund
- COVID-19 Response Fund
- Emergency Department
- Family Advocacy Programs
- HomeCare Fund
- HomeMakers Fund
- Hospice and Palliative Care of Northeastern Connecticut
- Maternal Child Care Fund
- Northeast Connecticut Cancer Fund of DKH
- Oncology - Food Pantry
- Oncology - Rose Bove LaRose Oncology Fund
- Oncology - Transportation Fund
- Orthopedic and Physical Therapy Services
- Pastoral Care Fund
- Pediatric Center Fund
- Respiratory Therapy Fund

## PAYMENT TYPE (check one):

Check/Money Order  Visa  MasterCard  American Express  Discover

Credit Card Number

Expiration Date (mm/yy)

CSV

Cardholder Name

Billing Address (if different than address above)

Make checks payable to: DKH Foundation. Mail completed form and payment to:  
DKH Foundation Office PO Box 632 Putnam, CT 06260