

I would like to make a gift to the Windham Hospital Foundation.

Areas of Greatest Need. Your gift will help to support the Hospital's top priorities including the creation of a Flex Unit that can be opened when our Emergency Department is full and there are no open beds on the nursing floors. This will relieve overcrowding in our ED and provide a space for patients awaiting discharge. This will also allow us to provide more private rooms for our patients. Other improvements you will see in the coming year are a state-of-the-art critical care monitoring system for our Critical Care Unit and an upgrade to our CT scan unit that is safer for our patients.

Gina's Friends. This fund will help women who are uninsured or underinsured receive health care services at Windham Hospital. You may give this gift in honor of someone, who will receive a special card and a bookmark.

I would like to make a memorial gift in memory of _____

I would like to make a tribute/honor gift in honor of _____

Please acknowledge memorial/honor gift to:

Name _____

Address _____

City, State, Zip _____

If you wish to remain anonymous, check this box

Please indicate how you wish to be listed in publications, such as our Annual Report:

Name(s) _____

Address: _____

City: State: Zip: _____

Phone: _____ E-mail: _____

Enclosed is a check for \$_____. Please make check payable to "Windham Hospital Foundation."

Please charge my gift to my credit card # _____ Exp. _____

Tribute Message (*to honor a caregiver, friend or family member*) _____

Donations are tax-deductible under the provisions of the Tax Reform Act of 1986. An acknowledgement will be sent. *Thank you* for your support!

If you are mailing this form, please send to: Windham Hospital Foundation, 112 Mansfield Avenue, Willimantic, CT 06226