

I want to support high-quality, accessible healthcare!



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

MWHS Development
PO Box 3048
Stamford, CT 06905
development@mwhs1.com

Enclosed is my gift of: _____

Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Please designate my gift to:

- Area of Greatest Need
- Community Health Center, Inc
 - Child Guidance Center of Southern CT
 - New Horizons Domestic Violence
- Weitzman Institute
- ConferMED
- NIMAA
- The Consortium

Payment Method:

- My check is enclosed payable to Moses/Weitzman Health System

Credit Card: Visa MasterCard Amex Discover

_____ *Card number* _____ *Exp. Date* _____ *CSV*

_____ *Cardholder Signature*

I would like to make this gift a tribute in honor of in memory of:

If you would like someone to be notified of this gift, please provide their contact information:

Name: _____

Address: _____

Personal Message: _____

(Please note we will not include the amount of your gift in the notification.)

Other Ways to Give

Donor Advised Funds

Through your DAF (such as Fidelity Charitable, Schwab Charitable, etc.) you can make a grant to MWHS or an affiliate.

Legacy Giving

Include MWHS or an affiliate in your will, life insurance plan, or retirement account.

Stock Transfer

You can receive income tax deduction for the full market value of the stock and avoid capital gains tax on the sale. Contact us for routing information.

For more information, please contact Jessica Welt at weltj@mwhs1.com.

Become a Sustaining Donor

To provide ongoing support to the individuals and communities served by MWHS and its affiliates, I'd like to become a sustaining donor. Please charge my card the following amount every month:

\$ _____ on the 15th or 30th of the month.

DOUBLE YOUR IMPACT! By using your employer's matching gifts program, you could double or triple your support of MWHS and our affiliates. Check with your employer to find out if they match charitable donations.