I want to support high-quality, accessible healthcare!



MWHS Development PO Box 3084 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.

- ☐ 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

_____ Cardholder Signature

Card number

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

Exp. Date

CSV

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.)

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.