



Donation Form

DONOR INFORMATION

Donor Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

PLEASE DIRECT MY CHARITABLE CONTRIBUTION TO:

- Greatest Needs
- Specific Fund/Department _____

GIFT INFORMATION

Amount \$ _____

Enclosed is my check payable to Danbury Hospital & New Milford Hospital Foundation.

I prefer to charge my gift (please enter credit card information below).

Credit Card Number _____ Exp. Date _____

TRIBUTE INFORMATION

- In Memory of _____
- In Honor of _____

Send Acknowledgement to _____

Address _____

City _____ State _____ Zip _____