



UCFS Healthcare

Well-Being Redefined.

Yes, I/We would like to make a tax-deductible donation to UCFS Healthcare.

My/Our gift is \$ _____

Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Levels of Giving:

Friend	\$100+
Supporter	\$250+
Patron	\$500+
Benefactor	\$1,000+
Believer	\$2,500+

I would like information about including UCFS Healthcare in my will.

I have already included UCFS in my will and would like to be included in the Believer Society.

Please contact me about volunteer opportunities at UCFS Healthcare.

Please call me.

Please do not list my name in the UCFS Healthcare Annual Report.

Please return this completed form to:

UCFS Healthcare
Attention: Pamela Allen Kinder
47 Town Street
Norwich, CT 06360-2326

Your support of UCFS Healthcare is gratefully appreciated!