



Employee + Volunteer
Giving Campaign



August 2023

Dear

You can make a difference in the life of a co-worker or patient by donating to the Employee and Volunteer Giving Campaign.

Please take a moment and make your pledge or donation today! Every dollar counts and we are grateful for your support.

Thank you for making a difference each and every day at Middlesex Health.

STEERING COMMITTEE

CO-CHAIRS

Michele Eggleton
Volunteer Services

Sarah Moore, MBA
Philanthropy

Tammy O'Connor
Middlesex Health Primary Care

Nicole Roberts, MS, OTR, CLT
Care at Home, Rehabilitation

Torrey Trzcienski, MSN, RN, CEN
Nursing

MEMBERS

Lauren Boulé, MSN, RN
Professional Development

Justin Carroll, MHS, PMP
Epic

Sally Ann Lee
Philanthropy

Teri Mountain
Cancer Center

Melissa O'Dowd
Middlesex Health Urgent Care

Regina R'egnier
Human Resources

Della Strickland
Radiology

Helping Hands Supports the Jones-Hayes Family During Cancer Battle

In March 2022, **Jessica Jones-Hayes** was diagnosed with breast cancer. Shortly after the diagnosis, Jessica had surgery to remove the tumor and underwent six months of chemotherapy. Recovery wasn't easy for Jessica who encountered several infections, some severe enough that she was admitted to the hospital three times.

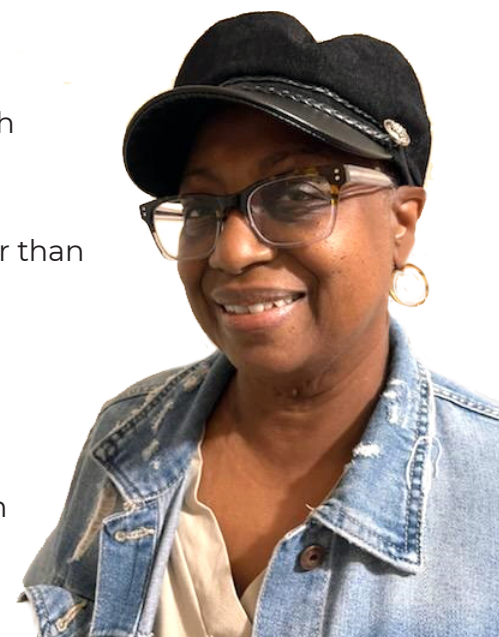
Jessica shared that her youngest child, Aaliyah, a recent UConn graduate, stepped up and took on the role of her mom's caregiver. Aaliyah's job allows her to work from home, which has been "a blessing, especially during my cancer treatments as I was out of work for several weeks and worried about getting by," says Jessica.

Jessica, who has worked for Middlesex Health for 10 years, was urged by her coworkers to reach out for assistance from the Helping Hands Assistance Fund. Helping Hands provided gift cards to support Jessica and her family, which was a "huge relief."

"I am blessed and grateful for the support of the Helping Hands Fund," Jessica says. "It gave us peace of mind and took some of the burden off of me and my family."

Jessica's cancer is now in remission and she is back to work with Middlesex Health MultiSpecialty Group. She says with the support of her family, coworkers, sorority sisters and friends, she "feels great, better than I have in a long time."

To learn more about this year's campaign visit **MiddlesexHealth.org/mhgives**.



2023 Middlesex Health Volunteer Donation Form

Please complete this form and return it to the Office of Philanthropy in the enclosed envelope.

Give or pledge online at: MiddlesexHealth.org/mhgives

STEP 1: GIVING LEVELS

- ☐ **Supporter Level** - total gift under \$100
☐ \$25 ☐ \$50 ☐ \$75
- ☐ **Partner Level** - total gift of \$100 or more
☐ \$100 ☐ \$125 ☐ \$150
- ☐ **Leadership Level** - total gift of \$200 or more
☐ \$200 ☐ \$300 ☐ Other \$ _____
- ☐ **Become a Sustaining Donor**
To provide ongoing support for Middlesex Health,
I'd like to become a Sustaining Donor.
Please charge my credit card the following amount
every month: \$ _____

STEP 2: PAYMENT OPTIONS

- ☐ **Cash or Check** (checks payable to Middlesex Health)
- ☐ **Credit Card** (gifts of \$25 or more)
____ VISA ____ MasterCard ____ Discover
Card # _____
Exp. Date _____ CSV: _____
- You may make your gift or pledge online at:**
MiddlesexHealth.org/mhgives

STEP 3: GIFT DESIGNATION (Please credit my gift as follows:)

- ☐ **100% Helping Hands Assistance Fund**
- ☐ **100% Area of Greatest Need**
- ☐ **100% Other** _____
- ☐ **50% for Helping Hands Assistance Fund and 50% for**
☐ Area of Greatest Need
☐ Other _____

GIFT FROM YOUR WILL

- ☐ **I have included Middlesex Hospital in my will.**
- ☐ **Contact me about making a gift in my will to Middlesex Hospital.**
Visit MiddlesexHealthHeritageCircle.org for more information.

STEP 4: FOR RECOGNITION PURPOSES (Please print)

- ☐ **Please list me as follows:** _____
- ☐ **I wish my gift to be anonymous.**
- ☐ **To make your gift in honor of someone, or in memory of someone, please fill out the following information:**
☐ In honor of _____ ☐ In memory of _____
- If you would like us to notify the family or honoree (gift amount will not be disclosed), please complete the following:
Name: _____
Address: _____ City, State, Zip: _____

STEP 5: VOLUNTEER SIGNATURE

Volunteer Signature: _____ Date: _____

100% OF YOUR GIFT GOES DIRECTLY TO THE FUND OR FUNDS THAT YOU CHOOSE

- All volunteers who return their card by **September 30** will be entered to win raffle prizes.
- All volunteers who contribute will receive a thank you gift(s).
- Questions? Call **Sally Ann Lee** [Philanthropy] at **ext. 4065**.