



MEMBERSHIP INFORMATION

To facilitate the services and amenities of The President's Circle program for you and your immediate family, please complete the information below and return it to the Saint Francis Foundation, 95 Woodland Street, 2nd Floor, Hartford, CT 06105.

PATIENT INFORMATION:

Adult(s) — Age 18 and Older:

MEMBER 1 NAME	DATE OF BIRTH	EMAIL ADDRESS STATE ZIP				
ADDRESS	CITY					
HOME PHONE NUMBER	WORK NUMBER	CELL NUMBER		WORK NUMBER CELL NUMBER		
MEMBER 2 NAME	DATE OF BIRTH	EMAIL ADDRESS				
ADDRESS	CITY	STATE	ZIP			
HOME PHONE NUMBER	WORK NUMBER	CELL NUMBER				

Authorization:

By signing below, I (we) accept membership in the Saint Francis Foundation's President's Circle program for individuals listed on this form. In doing so, the Saint Francis Foundation has my (our) permission to be notified when the individuals listed above are hospitalized for the sole purpose of offering the amenities and services of The President's Circle program.

SIGNATURE OF MEMBER 1	DATE	SIGNATURE OF MEMBER 2	DATE
AUTHORIZED SIGNATURE OF THE SAINT FRANCIS FOUNDATION			DATE

OPT OUT – At this time, I/We will not be utilizing the services of The President's Circle.

□ OPT OUT – Please remove my name from lists for future fundraising requests.

Saint Francis Foundation

Hartford, CT 06105

(860) 714-4900

95 Woodland Street, 2nd Floor

www.saintfrancisdonor.com

Saint Francis Hospital and Medical Center

114 Woodland Street Hartford, CT 06105 (860) 714-4000 www.saintfranciscare.com

Mount Sinai Rehabilitation Hospital

490 Blue Hills Avenue Hartford, CT 06112 (860) 714-3500 www.saintfranciscare.com/ rehabilitation

Johnson Memorial Hospital

201 Chestnut Hill Road Stafford Springs, CT 06076 (860) 684-4251 www.jmmc.com