The President's Circle

Saint Mary's Hospital
Trinity Health

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 Mary's Hospital Foundation, 56 Franklin Street, Waterbury CT 06706.

Patient Information:

☐ Adult(s) — Age 18 and Older:

MEMBER 1 NAME	DATE OF BIRTH	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP
HOME PHONE 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 Mary's Hospital Foundation President's Circle program for individuals listed on this form. In doing so, the Saint Mary's Hospital 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.