



HEDCO

CT's Small Business Edge

Your support makes a difference!

Donor Information

Full Name (Title, First Name, Last Name)

Address

City

State

Zip

Phone Number

Email

Payment Information

Amount \$ _____

☐ My check is enclosed

☐ Please charge my credit card

Name on Card

Card Number

Exp. Date

CVV Code

Signature

Return this form to:

Patricia Geronimo, Chief Financial Officer
HEDCO, Inc.
207 Main Street, 4th Floor
Hartford, CT 06106

