

Donor Information:

Name: _____

Address: _____

Phone: _____

Enclosed is my contribution of \$ _____

In honor of _____

In memory of _____

My gift is:

Unrestricted

Restricted to _____

Please send an acknowledgement to:

Name: _____

Address: _____

Message: _____

My check is enclosed and made payable to:
*Elizabethtown Community Hospital
Attn: Community Relations Dept.
75 Park Street, P.O. Box 277
Elizabethtown, NY 12932*

Please charge my Visa/MasterCard.

Card #: _____

Exp. Date: _____

Signature: _____

