

Elizabethtown Community Hospital

Donor Information

Name: _____

Address: _____

Phone: _____ Email: _____

Enclosed is my contribution of \$ _____

In support of:

- Community Health Programs
- Patient Care Experience Enhancements
- Community Friendship Volunteer Program
- Rural Emergency Medicine Training Program
- Paramedic Education Program Scholarship
- Holly Estus Nursing Scholarship
- Dr. Herbert Savel Employee Scholarship
- Unrestricted

Tribute Type

In honor of _____

In memory of _____

Please charge my Visa/MasterCard

Card #: _____

Exp. Date: _____

Security Code: _____

Signature: _____

Or mail check made payable to:

Elizabethtown Community Hospital
Attn: Director of Development
75 Park Street, P.O. Box 277
Elizabethtown, NY 12932