



**Donor Information**

Name\_\_\_\_\_

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

Yes, I want to help *EmergencyCare* fulfill its life-saving mission in Northwestern PA. Enclosed is my most generous gift of \$\_\_\_\_\_.

**Payment Information**

Enclosed is my check or money order made payable to *EmergencyCare*.

Please charge my credit card:      Visa                      MasterCard

Acct. Number\_\_\_\_\_ Exp. Date\_\_\_\_\_

Signature\_\_\_\_\_ 3 digit sec. code\_\_\_\_\_

**Recognition Information**

Please indicate below how you wish your name to be listed in any recognition materials, or if you wish to remain anonymous.

\_\_\_\_\_

All donations to *EmergencyCare* are tax deductible to the fullest extent of the law.

**THANKS FOR YOUR GENEROUS SUPPORT.**

Mail to: *EmergencyCare*, Attn: Community Development,  
1701 Sassafras Street, Erie, PA 16502.