



Donor Information

Name_____

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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 Discover American Express

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,
1926 Peach Street, Erie, PA 16502.