Your Gift Makes a Difference
Thank you for supporting *Emergy*Care and our mission to **save lives and positively impact the health, well-being, and safety of the communities we serve.** Your generosity helps provide the equipment, training, and resources needed to deliver high-quality emergency medical care to our communities.

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Donation Amount: $_____ Please make checks payable to ***Emergy*Care**.

☐ Check enclosed ☐ I would like my gift to remain anonymous.

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☐ **In Honor of Name:** _____

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Please note: The person or family notified of your gift will not be informed of the amount of your donation.

Thank You for Supporting *Emergy*Care!
Your generosity helps *Emergy*Care continue to provide emergency medical services and make a difference in the lives of the people and communities we serve.

Please return this completed form with your check to:
***Emergy*Care**
Attn: Community Development
1926 Peach Street
Erie, PA 16502

Questions? Contact EmergyCare at 814-870-1010

***Emergy*Care is a nonprofit organization. Your contribution may be tax-deductible to the extent permitted by law. No goods or services were provided in exchange for this contribution.**