

**Yes! I will help provide healthcare to the uninsured!**

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Amount of Donation:  \$100  \$50  \$25  \$10  Other \$ \_\_\_\_\_

**Honor/Memorial Gift**

**I would like to make a gift in honor or in memory of someone special.**

Please select designation:  In honor of  In memory of  
Name \_\_\_\_\_

**Please send notification of my contribution to:** (gift amount is confidential and will not be mentioned)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Special Instructions \_\_\_\_\_

\_\_\_\_\_

**Method of Payment**

I have enclosed my check made payable to Ebenezer Medical Outreach, Inc.

Please charge my credit card:

VISA  MC  Amex  Discover Credit Card

# \_\_\_\_\_ EXP \_\_\_\_\_

Please accept my pledge of \$ \_\_\_\_\_ to be paid by \_\_\_\_\_

**Thank You!**