

GIVE A LIFE – DONATION FORM

PLEASE CHECK THE SELECTIONS YOU WOULD LIKE TO SUPPORT

- Sponsor a Physician for One Year \$24,000 Sponsor a Support Staff Member for One Year \$3,000
- Sponsor a Pharmacist for One Year \$14,000
- Sponsor a Dentist for One Year \$9,500 Be an Angel of the Day \$4,000
- Sponsor a Nurse for One Year \$6,000 Be an Angel of the Half Day \$2,000

Or Select Your Own Amount:

Other \$ _____

Department You Want to Support _____

Name _____

Address _____

City _____

State _____ Zip _____ Email _____

I am donating in honor/memory of (optional) _____

Please notify this person of the donation (Address/Email/Notes) _____

I have enclosed a check made payable to: **CRUDEM**

I would like to pay using my credit card: VISA® MasterCard® Discover® AMEX®

Card# _____ Exp. Date _____

Phone _____

Name on card _____

Signature _____



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