

*This donation is in recognition of the services provided at Cuba Memorial Hospital. Your generosity allows us to realize our vision for the future.*

**Enclosed is a donation to the Cuba Memorial Hospital Fund**

Donation Amount \$ \_\_\_\_\_  Credit Card  Check  Money Order

Visa | Master Card | Other Credit Card # \_\_\_\_\_ exp \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

In honor of:

\_\_\_\_\_

In memory of:

\_\_\_\_\_

I would like this gift to be **specifically used for:**

\_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Anonymous, do not publish Donor Name

Our Supporters are honored each year and one community sponsor is named "Community Partner of the Year". This award begun in 2004, is given to the partner at our annual recognition luncheon.

**PAST COMMUNITY PARTNERS**

**CUBA LIONS CLUB**

**CUBA CHEESE SHOPPE**

**GREAT LAKES CHEESE**

**SARGENT TRANSPORTATION**

Please print this form and mail to:

Cuba Memorial Hospital  
**Attention: Andrew Boser, CEO**  
140 W. Main Street  
Cuba, New York 14727