

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

Amount of Donation \$ _____ check money order

Visa / Master Card 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Anonymous, do not publish Donor Name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.

COMMUNITY PARTNER OF THE YEAR

- 1. CUBA LIONS CLUB**
- 2. GREAT LAKES CHEESE**



please print this form and mail it to: Cuba Memorial Hospital
Attention: Michele Conklin
140 W. Main Street
Cuba, New York 14727