

GIVE A LIFE – ORDER FORM

PLEASE CHECK THE SELECTIONS YOU WOULD LIKE TO SUPPORT

- Sponsor a Physician for One Year \$24,000
- Sponsor a Pharmacist for One Year \$14,000
- Sponsor a Dentist for One Year \$9,500
- Sponsor a Nurse for One Year \$6,000
- Sponsor an Ancillary Staff Member for One Year \$2,000
- Be an Angel of the Day! \$3,616
- Be The Champion of the Month! \$110,000
- Other \$ _____

Name _____

Address _____

City _____

State _____ Zip _____ Email _____

Name(s) to appear on plaque: _____

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

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

Total donation enclosed \$ _____

- 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 _____

Mail orders to:

CRUDEM, P.O. Box 804
Ludlow, MA 01056



THE
CRUDEM
FOUNDATION

Email orders to:
info@crudem.org