

YES, I am a Grateful Patient.

I would like to support the Orange Regional Medical Center Grateful Patient Program and recognize the following Partner(s) in Excellence (physician, nurse, staff, unit or volunteer):

Your Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

E-mail _____

Enclosed please find my gift of:

- \$25 \$50 \$100
 \$250 Other _____

This gift is tax deductible to the extent allowed by law and your personal circumstances. It will be used by Orange Regional Medical Center Foundation for services and programs with the greatest need.

Please make checks payable to and return to:
Orange Regional Medical Center Foundation
4 Harriman Drive
Medical Arts #2
Goshen, NY 10924

Please charge my credit card:

- MasterCard American Express
 Visa Discover

Account # _____

Expiration Date _____

Signature _____

In Memory of _____

In Honor of _____

Grateful Patient Program

When "Thank You" Isn't Quite Enough



Foundation Office
4 Harriman Drive, Medical Arts #2
Goshen, NY 10924
845.294.2135 • www.ormc.org
foundation@ormc.org



