

Please print a copy of our memorial donation/gift card and mail to:

**Community Nurses, Inc.  
Memorial Fund  
757 Johnsonburg Road, Suite 200  
St. Marys, PA 15857-3497**



**Community  
Nurses, Inc.**

An Affiliate of Elk Regional Health System

I would like to make a memorial donation or special occasion gift of \$ \_\_\_\_\_

In Memory of (deceased) \_\_\_\_\_

In Honor of (living) \_\_\_\_\_

(Please make check payable to "Community Nurses")

The donation is FROM:

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Please send an acknowledgment TO:

Name \_\_\_\_\_

Address \_\_\_\_\_

A copy of our official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999.  
Registration does not imply endorsement.

**Thank you for your continued support.**