

I would like to support the effort by Ecu-Health Care to help the uninsured families of North Berkshire access necessary health care!

Name _____

Organization: _____

Address: _____

Date: _____

Our tax deductible donation to Ecu-Health Care is:

\$25 ___ \$50 ___ \$100 ___ \$500 ___ Other \$ ___

Please make your check payable to:

**Ecu-Health Care
99 Hospital Ave, Suite 208
North Adams, MA 01247**