



1100 W 6th Avenue
Gary, IN 46402

Phone: 219.885.4264
<https://edgewaterhealth.org/>

Donation Pledge Form

I would like to help support Edgewater Health

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

Gift Amount: _____

Credit Card Type (Please circle one): Visa / MasterCard / American Express / Discover

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Authorized Signature: _____

You may also send your check, made payable to:

Edgewater Health:

1100 W 6th Avenue
Gary, IN 46402
USA