

Saratoga County EOC Donation Form

Donation Amount _____

In Honor of In Memory of _____

Donor Information

Prefix ____ Name _____

Company/Organization Name _____

Email Address _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Please send payment by check to:

**Saratoga County EOC
39 Bath Street, P.O. Box 169
Ballston Spa, NY 12020**

Thank you for your contribution.