

**Greater Westfield & Western Hampden County Medical Reserve Corps Inc.
& Community Emergency Response Team (CERT)**



Name _____

Address _____

City _____ ST _____ ZIP _____

e-mail _____

Contribution Amount \$ _____

Please make all checks payable to **GWWHC MRC Inc.**

Mail to: GWWHCMRC Inc., POB 578, Westfield, MA 01086

The Greater Westfield & Western Hampden County MRC, Inc is 501(c)(3) non-profit organization.

*Your support helps us help our community. Your contribution is tax-deductible. **THANK YOU***

OFFICE USE ONLY	Date Rec'd		Check #		Amount	\$
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