



the

AMANDA MURPHY

MEMORIAL SCHOLARSHIP

In memory of Prairie Ridge Health ER Nurse, Amanda Murphy, we offer this scholarship to the dependents of Prairie Ridge Health team members as they pursue a career in healthcare.

PLEDGE

I would like to make a one-time gift in the amount of \$_____

I would like to make a three-year pledge in the amount of \$_____ per year.

Payable to PRH Foundation or online at www.PrairieRidge.Health/Donate

Name: _____

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Signature: _____

Date: _____

Thank you for your support of the future healthcare workforce and for honoring Amanda's legacy.

Please email this pledge card to Foundation@PrairieRidge.Health or mail to

Prairie Ridge 1515 Park Avenue
 HEALTH
FOUNDATION Columbus, WI 53925

For questions, please call 920.623.1370