

Giving Form

\square Ms. \square	Mrs. □ Mr. □	\square Mr. and Mrs. \square	Dr.		
Name					
Address_			City	State	_ Zip
Phone Number		Email			
Please a	ccept my gift	of:			
□ \$25	□ \$50	□ \$75 □ \$	3100 □ Other		
Please d	irect my gift	to:			
$\hfill\Box$ Where	most needed	□ The Mo	Auley Residence I	Fund	
\square Other _					
In Honor	of		In Memory o	f	
Please no	tify (name)				
Address_			City	State	_ Zip
Phone Nu	ımber		Email		
Payment	t Information	ı:			
□ Please	make check pa	ayable to: Kenmore	Mercy Foundatio	n	
\square Please	charge my cre	dit card: \square VISA	\square Master Card	\square American Express	\square Discover
Name (as	it appears on	card)			
Card Nur	nber		Exp. Date _	Security Code	
Signature	e		Date _		

Thank you for your support!

Please return your completed form to Susan Jandzinski, Kenmore Mercy Foundation 2950 Elmwood Avenue, Kenmore, NY 14217

For questions, please contact our office at (716) 447-6204