

## Donations, Memorials, and Tributes

Enclosed is my tax-deductible donation of \$	(I	nade payable to Pathy	vays, Inc.)
Name			_
Address			_
City	State	Zip	_
If applicable, my donation is:			
In Memory of			
OR			
In Honor of			
Acknowledgment of donation should be sent	to:		
Name			_
Address			_
City	State	Zip	_
My donation should be directed to the (For a full list of programs within each service area, please v Care Coordination Services Childcare Community and Habilitation Service Residential Services Specific Program (ie. Wellness GIFT	isit <u>pathwaysforyou.o</u> S		orogram(s):
Pathways, Inc. may designate what	programs my o	donation will be directed	l to
Return co	Pathwa c/o Steph 33 Denison F Corning,	a with your donation to ys, Inc. anie Miller Parkway West NY 14830 937-3200	):