



*Supporting the Programs and Services  
of the Schofield Residence and  
Schofield Home Health Care Services, Inc.*

3333 Elmwood Avenue  
Kenmore NY 14217-1081  
Tel: 716.874.1566  
Fax: 716.874.6942  
schofieldcare.org

I would like to donate \$\_\_\_\_\_ to help Schofield continue to provide the highest level of health and supportive services to the frail elderly and disabled Western New Yorkers under their care.

Donor Name: \_\_\_\_\_ *(please print)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

May we send your donation acknowledgment via email?  Yes  No

*IRS regulations allow emailed acknowledgments. Please help us to save the cost of postage!*

**Matching Gift Information** —Many corporations match employee charitable contributions, please check with your Human Resources department

My gift will be matched by: \_\_\_\_\_

**Please mail your company's matching gift form to:** Schofield Foundation,  
3333 Elmwood Avenue, Kenmore NY 14217

### **My Gift is Made:**

In honor of: \_\_\_\_\_

In loving memory of: \_\_\_\_\_

On the occasion of: \_\_\_\_\_

Please send acknowledgement card to: *(Your gift amount is not mentioned)*

Name: \_\_\_\_\_ *(please print)*

Complete Address: \_\_\_\_\_

Check here if you wish to remain anonymous, or your name will be listed in Schofield Residence's Newsletter, "Scope" as written above.

### **Your Gift is Tax Deductible**

Please make your check payable to: Schofield Foundation  
3333 Elmwood Avenue  
Kenmore NY 14217

Have you provided for Schofield Foundation in your will?  Yes  No