



## Home Care

## The Gift of Compassion

Your generous gift to the UR Medicine Home Care Foundation, Inc. will help provide compassionate home health care services to chronically ill, elderly and homebound patients in our community.

Please mail this form with your gift to the address below. To make a credit card gift using our secure website, visit [homecare.urmc.edu](http://homecare.urmc.edu).

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**I/We wish to support UR Medicine Home Care Foundation, Inc. with a tax-deductible gift of:**

☐ \$1,000    ☐ \$500    ☐ \$250    ☐ \$100    ☐ \$50    ☐ \$25

☐ Other \$\_\_\_\_\_ Please make checks payable to **UR Medicine Home Care Foundation, Inc.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Please designate my/our gift to:

- |  |  |
|--|--|
| <input type="checkbox"/> UR Medicine Home Care - General Fund (A08208) | <input type="checkbox"/> UR Medicine Hospice - Finger Lakes (A11485)                 |
| <input type="checkbox"/> UR Medicine Home Care - Finger Lakes (A11304) | <input type="checkbox"/> UR Medicine Hospice - Camp Heartstrings (A11898)            |
| <input type="checkbox"/> Meals On Wheels (A11906)                      | <input type="checkbox"/> UR Medicine Hospice - We Honor Veterans (A11899)            |
| <input type="checkbox"/> UR Medicine Hospice - General Fund (A11903)   | <input type="checkbox"/> UR Medicine Hospice - We Honor Veterans Healy Fund (A11575) |

### This gift is in ☐ memory of / ☐ honor of:

Name: \_\_\_\_\_

Please acknowledge this gift (without specifying amount) to:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Thank you for your support!



UR Medicine Home Care Foundation, Inc. is a tax exempt not-for-profit corporation created especially to encourage, receive and allocate contributions to UR Medicine Home Care. Donations are tax-deductible to the extent allowed by law.