



Please complete the lower section of this form and return it with your check or money order. Retain the top portion of this form for your records. An official receipt will be mailed to you.

Date _____ Amount \$ _____ Check # _____

Please contact us with any questions at 315-789-5501. Lakeview Health Services, Inc. 600 West Washington Street Geneva, NY 14456

Thank you for your generous donation to Lakeview Health Services, Inc.

..... ← Cut Here →

Please mail your check and the lower section of this completed form to:

**Lakeview Health Services, Inc.
600 West Washington Street
Geneva, NY 14456**

Name: _____

Mailing Address: _____

Phone # _____

Email Address: _____

This Gift is Anonymous

Enclosed is my check or money order payable to: **Lakeview Health Services, Inc.**

\$50 \$100 \$150 \$250 \$500 Other: \$ _____

Check # _____