

## Donations, Memorials, and Tributes

Name		
Address		
City	State	Zip
	If applicable, my donat	ion is:
In Memory of		
OR		
In Honor of		
Ackno	wledgment of donation sh	ould be sent to:
Name		
Address		

My donation should be directed to the following Pathways, Inc. program(s):

Children and Family Services
Community and Habilitation Services
Educational Services
Residential Services
Pathways, Inc. may designate what programs my donation will be directed to.

Return completed form with your donation to:
Pathways, Inc.
c/o Stephanie Miller
33 Denison Parkway West
Corning, NY 14830

T: (607) 937-3200