

KENDAL[®] on Hudson

Together, transforming the experience of aging.[®]

Enclosed is my/our gift of \$ _____ to Kendal on Hudson.

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

_____ I am affiliated with a matching gift company. (Please include form.)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Email: _____

Please allocate my gift to the following:

- Supporting Resident Subsidy Supporting Staff Education & Emergencies
 Supporting Enhancements to Wellness & Health Care Unrestricted
 Supporting Outreach to the Wider Community

My gift is

_____ In Memory of: _____

_____ In Honor of: _____

_____ On the Occasion of: _____

Please send acknowledgment to: _____

Please use my gift unrestricted _____ or for (specify purpose) _____

_____ I have included _____ in my estate plans.
Specific Community/Affiliate or Kendal Charitable Funds

_____ Please send me information on bequests and gifts that return lifetime income.

Please Make Check Payable to Kendal on Hudson and Send Donation to:

Kendal on Hudson

1010 Kendal Way | Sleepy Hollow, NY 10591 | Attn: Philanthropy Office