

HomeCare & Hospice
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HomeCare & Hospice
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Arcade, NY 14009
585-653-5290

- Batavia
29 Liberty St., Suite 6
Batavia, NY 14020
585-343-7596

- Wellsville
194 N. Main St.
Wellsville, NY 14895
585-593-7600

- Corporate Offices
Allegany
115 E. Main St.
Allegany, NY 14706
716-372-2106



Dear Friends of Hospice,

Hospice is a journey that helps patients and their families navigate a most challenging time in their lives with compassion, dignity, and support. Although insurance covers some of the costs, **it does not cover the costs associated with special transportation for other than medical issues.**

Please consider a gift to help us make dreams come true

For our 2024 appeal we're sharing a story that captures the heart of our work; making a final wish come true. One of our hospice patients at a comfort home had one heartfelt desire -- to return to her hometown and bowl one last time at her local alley. This was the longest she had ever gone without bowling, a pastime filled with joy and memories.

With help from the team at the comfort home, our hospice staff arranged transportation, oxygen, and coordinated care with the hospice in her hometown. Surrounded by family and friends, she was able to enjoy one final game, creating a cherished memory for everyone involved.

This experience speaks to our mission: helping patients find comfort and fulfillment in their final moments. With your support, we can continue making wishes like hers a reality.

To make a hospice gift, please use the enclosed form or visit us online at www.homecare-hospice.org/donate-annual-appeal/

With the kindness of supporters like you, we're able to make heartfelt dreams come true for our hospice patients. Together, we can bring comfort and joy to those we serve.

Warm regards,

Handwritten signature of Gilbert Witte in black ink.

Gilbert Witte, M.D.
Medical Director

Handwritten signature of John Thomas Reagan in black ink.

John Thomas Reagan, M.D.
Medical Director

Handwritten signature of Andrea L. Aldinger in black ink.

Andrea Aldinger
Board President

Handwritten signature of Melissa M. Sullivan in black ink.

Melissa M. Sullivan
Chief Executive Officer



Hospice Annual Appeal

Your support means the world to us, helping us bridge the gap between what it truly costs to care for our patients and what insurance covers. When you donate, you're making a meaningful difference in the lives of those in our community who need us most. On their behalf, we thank you for your generosity.

Please consider contributing to the HomeCare & Hospice Annual Appeal Campaign. Every gift matters and brings comfort, care and compassion to those we serve. Thank you for being a part of our mission.

Contact Person: _____
Company: _____
Address: _____
Telephone: _____
Email: _____



I want to support more compassionate hospice care.

With a gift of: \$1,000 \$500 \$250 \$100 \$25 Other \$ _____

I wish to make a **pledge** of \$ _____ payable in _____ annual installments of \$ _____

Please print your name as you would like it to appear in our publications (your name, family name, organization)

Payment

My check for \$ _____ made payable to HomeCare & Hospice Foundation is enclosed.

Please charge my credit card for my gift of \$ _____ Card #: _____
Exp. Date ____ / ____ CVV code _____ Name as it appears on card _____

(X) Authorized Signature _____

I am going to give online at www.homecare-hospice.org/donate-annual-appeal/

This expression of caring is made: In memory of: _____

In honor of: _____

Please call me to give "in memory/honor" contact info to send an acknowledgement