

# *Memorial Contribution*

*In Loving Memory of:*

*Francis “Frank” Losecco*

(who died January 1, 2016)

*This gift was given by:*

Donor's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Amount of Donation: \$\_\_\_\_\_

**Frank's** family requests that donations (along with this form) be mailed directly to:

(choose charity)

**Strong Memorial Hospital**  
(4-1200 Unit Palliative Care)  
601 Elmwood Ave.  
Rochester, NY  
14642

or

**Visiting Nurse Foundation**  
(Hospice)  
PO Box 270441  
Rochester, NY  
14627

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**To the receiving charity:**

Please send an acknowledgment of this gift to:

***Mr. Fran Losecco***

*2 Russell St.  
Canisteo, NY  
14823*

For help in completing this form, please contact:

**Dagon Funeral Home, 38 Church St., Hornell, NY 14843**