See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK
726 EXCHANGE ST STE 518
BUFFALO NY 14210

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## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

12/16/14
Date

PRESIDENT
Title