



Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I have made a provision for Good Neighbor Health Clinics (GNHC) in my estate planning as follows:

Type of Provision	Estimated Amount or Percentage
<input type="checkbox"/> Bequest	\$ _____
<input type="checkbox"/> Contribution to a pooled income fund	\$ _____
<input type="checkbox"/> Creating of an annuity fund with GNHC as beneficiary	\$ _____
<input type="checkbox"/> Life insurance policy	\$ _____
<input type="checkbox"/> Named beneficiary of IRA or other retirement fund	\$ _____
<input type="checkbox"/> Other (please describe)	\$ _____

Attachments or letters that further describe the nature of the above provision(s) are welcomed, in addition to a copy of that section of the will or trust in which GNHC is mentioned. In the event of circumstances which require a change in the above estate planning provision(s), please notify GNHC of the change.

Would you like your lawyer or other professional advisors to receive mailings from GNHC?

If so, please indicate name, address, and phone number for each below.

May we list your name(s) in GNHC's Good Neighbor, Indeed! legacy society? Yes No

If yes, please indicate how you would like to be listed: _____

Signature: _____ Date: _____