



CORNER HEALTH CENTER
**LOTUS
SOCIETY**

DEAR CORNER HEALTH CENTER,

I wish to support the Corner through my estate plan and become a member of the Corner Health Center Lotus Society. Below is my declaration of intent.

Name (as you wish it to appear)

Please keep my intentions anonymous

I have included a gift to the Corner Health Center (Tax ID: 38-2329742) through:

My will

Life Insurance Policy

Other (please describe): _____

Estimated value: \$ _____

I prefer not to declare at this time

I would like my gift to be:

Unrestricted - use where most needed

Restricted (please describe): _____

I would like my gift to be named in honor/memory of

You may contact me at the following:

Phone _____

Best time to call _____

E-mail _____

I prefer not to be contacted

If I change this provision or if the value changes substantially, I will notify the Corner of such change. I understand that all information shared here will be kept in confidence unless I authorize its release.

Signature and Date: _____

Send to Douglas Manigault III, CFRE

The Corner Health Center, 47 N Huron St, Ypsilanti, MI 48197

The Corner Health Center thanks you for including our mission in your bequest plans. You are truly ensuring a healthy future for our future adults. Please contact Douglas Manigault III at 734-714-2245 or dmanigault@cornerhealth.org if you have any questions.