



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)

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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): \_\_\_\_\_

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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): \_\_\_\_\_

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

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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: \_\_\_\_\_

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**Send to Alex Plum**

**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 734-714-2245 or [development@cornerhealth.org](mailto:development@cornerhealth.org) if you would like more information. Thank you for your generous support!**