



Bequest Notification Form

I have included Community Healing Centers in my estate plans

Name (first and last): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Email Address: _____

I have provided for Community Healing Centers in the following manner:

- | | |
|--|---|
| <input type="checkbox"/> Provision in a will or living trust | <input type="checkbox"/> Beneficiary designation of |
| <input type="checkbox"/> Specific amount \$ _____ | <input type="checkbox"/> Life insurance policy |
| <input type="checkbox"/> Percentage of estate _____ % | <input type="checkbox"/> IRA or other retirement plan |
| <input type="checkbox"/> Residual | <input type="checkbox"/> Other _____ |

I prefer my gift to the Community Healing Centers be used in the following manner:

- | | |
|--|---|
| <input type="checkbox"/> Unrestricted (where the need is greatest) | <input type="checkbox"/> Children Services |
| <input type="checkbox"/> Recovery Services | <input type="checkbox"/> Mental Health Services |

With your permission, we would like to include you name(s) in our publications such as newsletters. Please indicate your preference for your name being published:

- I/We would like others to be encouraged by my/our example. Please publish recognition as:

- I/We would also be interested in sharing our story with Community Healing Centers.

- I/We would prefer to remain anonymous and prefer that my/our name(s) not be published.

Signature: _____

Today's Date _____

*This form is non-binding and does not constitute a legal promise of any future donation to Community Healing Centers.
We understand that bequests are revocable and that your estate plans may change.*

Please return to: Community Healing Centers
Att. Allysa Crittenden
2615 Stadium Drive
Kalamazoo, MI 49008

Phone: (269) 343-1651 ext. 170
Email: acrittenden@chcmi.org