## Misericordia Nursing & Rehabilitation Center CONFIDENTIAL PLANNED GIVING NOTIFICATION

Many donors who plan to support Misericordia Nursing & Rehabilitation Center through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your lifetime and confirm that we are able to fulfill your stated intentions. Completing this form is non-binding and we understand that you may change your plans anytime. All your information that you share with us is kept strictly confidential.

## PERSONAL INFORMATION

Name(s):				
Address:				
City:	Stat	te:	_ Zip:	
Phone:	Email:			
YOUR GIFT INTENTION Please provide the following inform appropriate language from your wi				
<ul> <li>I/We have Misericordia Nursing &amp;</li> <li>I/We have Misericordia Nursing &amp;</li> <li>Retirement Plan</li> <li>Life Insurance Policy</li> <li>I/We have included Misericordia Nursing &amp;</li> <li>(circle one) beneficiary of a charit</li> </ul>	Rehabilitation Centon   O Bank, In O Other  Nursing & Rehabilit	ter as a benefic nvestment, or ( ation Center as	ciary of an asset: Other Financial Acco	
The anticipated value of my/our gift of my/our estate. (If possible, please describing your planned gift.) Gene other than cash or securities):	t is/will be approxine include a copy of trail description of g	nately \$the bequest lar	nguage or other word uch as, asset to be do	ding
HEART OF MERCY SOCIETY  O Yes, you may include me/us in listi  Please indicate how yo  (your intended gift wil  O No, please do not include me/us in	u would like your r I not be published).	name(s) to appe	ear in listings	
Signature(s):			Date:	