

## **YES!** I would like to know more about including Covenant HealthCare in my estate planning.

Please send me more information about:

☐ Bequest in my will or trust	
☐ Charitable gift annuity	
☐ Charitable remainder trusts	
☐ Gift of life insurance	
Gift of retirement plan assets: IRA, 401(k) or 403(b)	
☐ I have already included Covenant HealthCare in my will or estate plan.	
☐ Please contact me to arrange a personal visit	
My name	
Phone number	
Email address	

Mail this card to:

Covenant HealthCare Foundation 1447 North Harrison Saginaw, Michigan 48602 989.583.7604

COVENANT HealthCare



## Thankyou

for supporting the

**Covenant Medical** 

Center Mission.



**EXTRAORDINARY CARE FOR EVERY GENERATION**