



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):
- 

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

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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 Paula Brown, 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 Paula Brown at 734-714-2251 or pbrown@cornerhealth.org if you have any questions.