



Manet Legacy Society Enrollment Form

Contact Information:

First Name(s): _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Recognition (Please check one):

I am honored to be included in the Manet Legacy Society, however I prefer to remain Anonymous. Please do not include my/our name(s) in Manet Legacy Society listings.

I am honored to be included in the Manet Legacy Society. You may include my (and, if applicable, my spouse's) name in Manet Legacy Society listings.

Please list my/our name as: _____

I have named Manet Community Health as a beneficiary of my:

Will/Trust

Life Insurance Policy

IRA or Retirement Plan

Other: _____

Gift Value (OPTIONAL)

My gift's estimated current value is \$ _____ as of (date) _____

This agreement is non-binding and does not constitute a legal promise of any future donation but does help us plan. Manet Community Health is a 501 (c)(3) tax-exempt organization, Tax ID #/EIN is 04-2646695.