



Miravida Living Foundation Statement of Intent

I/we prefer to remain anonymous.

Name(s)

Address

City

Email Address

State

Zip Code

Phone Number

Type of Arrangement:

Bequest through Will

Residual on Retirement Account

Other _____

Life Insurance Policy

Charitable Gift Annuity

Please describe your preference of the gift for the benefit of the Miravida Living Foundation of Oshkosh.

Signature _____ Date _____

Signature _____ Date _____

Signature and Title of Miravida Living Foundation of Oshkosh representative:

_____ Date _____

Thank you for your support of Miravida Living through this gift to the Miravida Living Foundation. Please return this form to the Miravida Living Foundation of Oshkosh, 225 North Eagle Street, Oshkosh, WI 54902 or email it to bbehnke@miravidaliving.com. A Foundation representative will also sign this document and then return a copy to you for your records.

*Thank you for your thoughtful gift and enduring legacy.
Gifts to the Miravida Living Foundation of Oshkosh are tax deductible as allowed by law.*