



Welcome to the Hartshorn Legacy of Life Society. Your planned gifts will provide PDHC with continued sustainability and life for generations to come. Please complete this form with your preferences and return it in the enclosed envelope.

Full Name Birthdate Spouse Name Birthdate Address Street City State Zip Email(s) Primary Phone Cell Phone

My/Our will and/or other estate planning documents, which include a provision for Pregnancy Decision Health Centers, were executed on Month Day year

Type of Bequest

- Specific Amount (\$) Percent of Estate (%) Remainder of Estate Beneficiary of IRA or other Retirement Account Life Insurance Living Trust

Estimated Value Based on Today's Date: \$

Purpose of Gift Unrestricted Restricted as follows:

Attorney/Advisor's Name Firm's Name Address Street State Zip Email Ph#

- Please prepare my/our name plate as shown below. (You may also use a favorite scripture passage, pro-life-expression, children's names, etc.) I/We prefer to remain anonymous

Please print using capital letters; place each character and space in a separate box. (Limited to 35 characters including spaces.)

Grid for printing characters and spaces

Signature Date

Spouse Signature (as applicable) Date