



Laurel Lake Retirement Community Foundation

Your Name _____

Address _____

City _____ State _____ Zip _____

In Memory of *(please print)* _____

In Honor of _____

In Honor of what occasion? Anniversary Birthday Appreciation
 Get Well Other _____

Please notify _____

Address _____

City _____ State _____ Zip _____

ENCLOSED IS MY GIFT OF:

\$1,000 \$500 \$100 \$50 \$25 \$ _____

Please make checks payable to Laurel Lake Retirement Community Foundation.

PLEASE DIRECT MY GIFT TO: ___ Wellness & Lifestyle Programs ___ Spiritual Life Services
___ Where Most Needed ___ Building Enhancements ___ Grounds Beautification
___ Staff Education Fund ___ Crown Center/Greenwood ___ Veraar Campus Endowment

PLEASE SEND ME INFORMATION ABOUT:

- ___ Benefits Of A Charitable Gift Annuity
- ___ Living Legacy Society & Laurel Benefactors
- ___ Matching Gifts From Current or Past Employer
- ___ How to Include Laurel Lake in My Will
- ___ Named Gift Opportunities
- ___ How I Can Use Insurance to Make a Gift

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