

## Gift of Life Insurance

Use this form to indicate your gift to the Visiting Nurse Association of Erie County through a life insurance policy. You may print out the form, complete it and send it to the **VNA Development Office, 1305 Peach Street, Erie, PA 16501**, or submit online.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of insured if different from donor: \_\_\_\_\_

Insured's date of birth: \_\_\_\_\_ Date of Gift: \_\_\_\_\_

Face value of policy: \_\_\_\_\_ Cash surrender value: \_\_\_\_\_

Type of policy: \_\_\_\_\_

Timing and amount of premiums: \_\_\_\_\_

Name and address of insurance company: \_\_\_\_\_

\_\_\_\_\_

Account number of policy: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone:(    ) \_\_\_\_\_

\_\_\_\_\_  
Signature of donor

\_\_\_\_\_  
Date

Mark the corresponding boxes for the information you would like sent to you.

- Giving through life insurance
- Estate planning
- Sample letter for your insurance company

Please check below if you have:

- Named the VNA as a beneficiary in a life insurance policy.
- Named the VNA in your will or other estate plan.
- Desire to remain anonymous.