



VISITING NURSE ASSOCIATION OF ERIE COUNTY

HOME HEALTH CARE AND HOSPICE. . . THERE WHEN YOU NEED US

2253 WEST GRANDVIEW BOULEVARD
TEL: 814.454.2831

ERIE, PA 16506-4507
FAX: 814.453.5357

STANDARD BEQUEST FORM

Please use this form to indicate your gift to the Visiting Nurse Association of Erie County through a bequest in your will. Print out the form, complete it and send it to: VNA Development Office, 2253 West Grandview Boulevard, Erie, PA 16506-4507.

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Date of Birth: _____ E-Mail: _____

I have made provision for the Visiting Nurse Association of Erie County in my estate planning.

In the event of unforeseen circumstances which require changes in my estate planning provision(s) affecting the VNA of Erie County, I agree to notify the Visiting Nurse Association of Erie County of such change.

Date _____ Signature _____

Correct wording for including the VNA in your will is:

“The Visiting Nurse Association of Erie County located at 2253 West Grandview Boulevard, Erie, Pennsylvania, 16506.”

Optional:

I have made provision for the Visiting Nurse Association of Erie County in my estate planning as follows:

A. Outright bequest in my will. Estimated Amount or % \$ _____

C. Life Insurance Policy. \$ _____

D. Trust under my will with the Visiting Nurse Association the final beneficiary (Please include date of birth of income beneficiaries, or describe other conditions.): _____ \$ _____

E. Other (Please describe): _____ \$ _____

Total: \$ _____

Attachments or letters which further describe the nature of the above provision(s) are welcomed in addition to a copy of that section of the will or trust in which the VNA is mentioned.

If you would like more information about including the VNA in your will or other estate plan, contact: Mary Temple, VNA Director of Development, at (814)454-2831 or email to: mtemple@erievna.org.