## Thank you for your support of St. Martin Center Inc.!

We are deeply grateful for your generosity.

I/we are pleased to inform you that I/we have made provision for a gift to St. Martin Center Inc. in my/our estate plans. I/we understand that this commitment can be changed by me/us at any time.

	•	t to leave a legacyLiving Trust	•			J	• •
	_Charitable	Remainder Trust		Life Insura	nce Policy		Other
	wish to infor of my/our g	rm you for plannin gift is:	g purpos	es that, as	of date, the	estimat	:ed
\$		_	or		% of n	ny/our e	state
this st	atement an me, at my/c	that, by stating and I/we may choos our sole discretion ime you make cha	e to add, . St. Mart	subtract, o in Center I	or revoke th nc. kindly re	is beque equests	
	This gift is r	made in honor of r	memory o	of:			
	Please keep	o my donation con	nfidential				



## The information requested will help us to better understand and execute your wishes.

First/Last Name	
Signature	Date
First/Last Name	
Signature	Date
Email Address	
Phone Number	

## For questions or to return completed forms:

St. Martin Center Inc. 1701 Parade Street Erie, Pa 16501 814-452-6113

