

## I HAVE INCLUDED OLMSTED NETWORK (ON) IN MY ESTATE PLANS.

	)	
	Optional: Please consider attaching documentation of your future gift to ON for our records.	
Si	gnatureDate	
	☐ I/we wish to remain anonymous and request that my/our name(s) not be publicly listed.	
I RETAIN THE RIGHT TO CHANGE MY MIND AS TO MY DESIGNATION OF ON AS A BENEFICIARY, AS TO THE PURPOSE OF MY ON BEQUE THE PORTION AND AMOUNT OF MY ESTATE THAT WILL GO TO ON.		то
Other information:		
	Restricted to:	
	Unrestricted to Olmsted Network	
DES	ESIGNATION OF COMMITMENT TO ON:	
	ON's portion:% and/or approximate value of the portion \$	
	of a life insurance policy (Issuer:	
	of a retirement/investment account (Administrator:	
	I have named ON as a beneficiary:	
	Outright bequest: (specific dollar amount) \$	
	OR	