



legacy OF CARING SOCIETY

*"More important than leaving
an inheritance is leaving a legacy."*

- I AM INTERESTED** in leaving a legacy through Hospice of Northeastern Illinois, and would like to discuss details with a Legacy of Caring representative. Please call me.
- I HAVE ALREADY DECIDED** to leave a legacy through Hospice of Northeastern Illinois. The agency is, or will be, included in my Will/trust/estate. Please include me/us as a member of the Legacy of Caring Society

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

- You may use my/our names in publications that describe Legacy of Caring Society.
- I/We prefer to be listed anonymously as a member of the Legacy of Caring Society.
- I/We have attached pages from my Will/trust
- I/We have not attached relevant pages from my Will/trust.



410 South Hager Avenue
Barrington, Illinois 60010
TEL 847.381.5599
FAX 847.381.8042
WWW.HOSPICEANSWERS.ORG

Signed _____

Date _____