



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

Gift of Life Insurance

Use this form to indicate your gift to the Visiting Nurse Association of Erie County through a life insurance policy. Please print out the form, complete it and send to:

VNA Development Office, 2253 West Grandview Boulevard, Erie, PA 16506-4507.

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Date of Birth: _____ E-mail: _____

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, if any: _____

Insurance company: _____

Address: _____

City/State/Zip: _____ Phone: _____

Account number of policy: _____

Agent Name: _____ Agent Phone #: _____

Agent Address: _____

Signature of donor

Date

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

- Giving through your will
- 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.