

To become a member of MORE's "Leaving a Legacy" program, please fill out this form and mail to Jamie Pitts-Garcia, Assistant Director of Fund Development at the address below or scan and email the form to jamiepitts-garcia@morerehab.org For questions, contact Jamie by email or at 530.622.4848.

Because I am committed to the future of Mother Lode Rehabilitation Enterprises, Inc (MORE) and its financial security, it is my intent to remember MORE in my estate planning as a named beneficiary. My signature below represents my commitment to include MORE in my estate planning.

Signature		Date	
Signature		Date	
	ne(s)		
Address _			
I intend to	fulfil my intent through:		
	□ A Bequest		
	Life Insurance		
	Charitable Remainder Trust or Charitable	e Gift Annuity	
	□ IRA, 401(K), 403(B) or Other Retirement	Asset Designation	
	Lifetime Cash Gift		
	Other. Please Describe		
	ase contact me to discuss or affirm the various I this commitment.	options available to honor this inte	ention and
l/we	have already completed the steps to include	MORE in our estate plans.	

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I/we give MORE	permission to	use our names	in order to	encourage	others to	leave a l	_egacy g	jift.
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_____ I/we wish to remain anonymous in regards to my Legacy gift.

Mother Lode Rehabilitation Enterprises, Inc. is a 501c3 public charity. Our federal tax ID is 94-2216171 MORE 399 Placerville Dr, Placerville, CA 95667 (530) 622-4848