



BARTELS LUTHERAN RETIREMENT COMMUNITY
1922 5TH AVE NW
WAVERLY, IOWA 50677
319-352-4540

In recognition of my strong belief and confidence in the work of Bartels Lutheran Retirement Community, I (we) confirm that I (we) have taken, or will take, steps to make a bequest or other planned gift to Bartels Lutheran Retirement Community. I understand that the Memorial Foundation will respect the confidential nature of this information and will use it only for planning purposes.

NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

In an effort to help Bartels Lutheran Retirement Community pursue its mission and also to encourage others to make this important gift, I am pleased to enroll as a member in the Friends for the Future. I have made the following type of planned gift to Bartels Lutheran Retirement Community (please describe your gift):

I would like my gift to be used as follows: _____ Unrestricted (To be used in the area of greatest need.)
_____ Restricted for the following purpose:

Estimated Value of Bequest or other Planned Gift \$ _____

NOTICE TO DONOR: The Bartels Lutheran Retirement Community Memorial Foundation will respect the confidential nature of this information and will use it only for planning purposes.

Please make me a member of the Friends for the Future. List my name (and/or my spouse's name) in all reports in the following manner.
No dollar value will be reported.

(Please print your name(s) as you would like it to appear in our literature.)

I am already a member of Friends for the Future.

I prefer that you **do not** include my name in published lists of Friends for the Future.

Date

Signature

Birthdate (month/day/year)

Date

Signature

Birthdate (month/day/year)

Note: Your signature gives the Bartels Lutheran Retirement Community Memorial Foundation permission to list your name in our publications as a member of the Friends for the Future. No dollar amount or designation of our gift will be publicly listed. However, to enable the organization to adequately plan for the future, we would like your permission to share this information with the appropriate officials. Should you decide that you do not wish the Foundation to share this information, your decision in no way will affect your membership in the Friends for the Future.

By affixing my/our signature(s) below, I/we hereby agree that the Bartels Lutheran Retirement Community Memorial Foundation may share my/our name(s) and the designation of my/our gift with the Bartels Lutheran Retirement Community Development Staff and Memorial Foundation Board of Trustees for planning purposes only.

Signature

Date

Signature

Date

PLEASE RETURN COMPLETED FORM TO:
BARTELS LUTHERAN RETIREMENT COMMUNITY
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WAVERLY, IOWA 50677