



*We envision everyone in our community  
having access to the health care they need.*

Dear donor:

Thank you for your interest in including HealthFinders Collaborative in your will. We are so pleased that you believe in our mission and want to help us to ensure a strong financial future.

Our legal name is HealthFinders Collaborative, Inc. It is important that you and/or your attorney have our tax-exempt number for your records.

That number is 20-1805262.

It would be helpful for HealthFinders to have a copy of the section of pertaining to us, once your will is finalized, along with the name and number of your attorney if you are using one to prepare your will. This information would naturally be kept in confidence.

Thank you once again for your support of our mission. If you have any questions or need further information, please do not hesitate to contact us.

Sincerely,

Charlie Mandile, Executive Director

*Disclaimer: We strongly urge prospective donors to consult with their attorney, financial advisor, estate planning professional, accountant or other appropriate professional before making any material decisions based on information we provide through this toolkit, printed materials or other sources.*

**Collaborators**

- Allina Health
- Carleton College
- Community Action Center of Northfield
- Cub Foods Pharmacy
- District One Hospital
- Econofoods Pharmacy
- Faribault Diversity Coalition
- First Choice Shuttle
- Growing Up Healthy
- Hy-Vee Pharmacy
- Kmart Pharmacy
- Little Prairie United Methodist Church
- Mayo Clinic Health System
- Northfield Eye & Optical
- Northfield Hospital & Clinics
- Northfield Pharmacy
- Pharmacy One
- Rice County Public Health
- Rice County Social Services
- Richie Eye Clinic
- River Valley Eye Professionals
- Salvation Army
- St. Olaf College
- Sterling Drug
- Target Pharmacy
- Thrifty White Drug
- Walgreens Pharmacies

**Collaborators also include volunteers, grantors and donors.**



**PLANNED GIVING DOCUMENTATION LETTER**

**Declaration of Intent**

I/We have provided support for the mission and goals of HealthFinders Collaborative with one or more of the following planned gifts.

1. My/our gift is made through:

Bequest commitment

Life income plan (please specify type):

Other: \_\_\_\_\_

2. This commitment is to be used for:

General mission needs of HealthFinders Collaborative

Specific Programming needs (dental, care coordination, Pura Vida, Annual Gala)

3. This Declaration of Intent is an expression of my/our present plans and is subject to revocation or modification at any time. It is not legally binding on my/our estate.

4. I/We have attached a copy of the portion of my/our will or living trust that describes my/our provision that will support HealthFinders Collaborative, Inc.

5. Because I/We have made a planned gift commitment:

Please include me/us, without disclosure of amount, in the HealthFinders Annual Report.

I/We would like my/our name(s) to appear as follows:

Name(s) (please print)

\_\_\_\_\_

Please do not list name(s) in the HealthFinders Annual Report

6. I/We confirm this planned gift commitment:

Primary Name (please print):

Secondary Name (please print):

\_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Primary Signature:

Secondary Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_