



openarms

BY PROVIDING FOOD AS MEDICINE,  
WE NOURISH OUR CLIENTS AND BUILD COMMUNITY.

## Planned / Estate Giving Form

Open Arms of Minnesota appreciates your commitment to provide nourishment for our clients by making a pledge to Open Arms through a will, estate, or other charitable gift plan. Your support will help provide funds to serve more clients with life-threatening illnesses.

I wish to designate Open Arms of Minnesota as a beneficiary through the following

\_\_\_\_\_ Will or LivingTrust

\_\_\_\_\_ Insurance Policy

\_\_\_\_\_ Charitable Trust

\_\_\_\_\_ Retirement Plan Asset

\_\_\_\_\_ Charitable Gift Annuity

\_\_\_\_\_ Other \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may list my name(s) as a donor to encourage to designate a planned gift.  
I wish my name to be listed as \_\_\_\_\_

I wish to remain anonymous

**Please return this form to:** Mary Beth Iverson, Open arms of Minnesota, 2500 Bloomington Avenue South, Minneapolis, MN 55404 or via email at marybeth@openarmsmn.org

For more information, please contact 612-677-2568 or marybeth@openarmsmn.org

### CONTACT

OPENARMSMN.ORG  
612 872 1152

### LOCATIONS

2500 BLOOMINGTON AVE  
MINNEAPOLIS, MN 55404

380 E LAFAYETTE FRONTAGE RD  
ST. PAUL, MN 55107