



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 _____

By checking this box, I confirm that I approve the use of my digital signature as my official signature for this document.

You may list my name as a planned giving donor to help encourage others to make planned gifts.

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