

## **GIVING TO THE HICKMAN**

## MAIL TO: THE HICKMAN ADVANCEMENT OFFICE

400 North Walnut St. West Chester, PA 19380

YES, I/WE WANT TO SUPPORT THE WORK AND MISSION OF THE HICKMAN.

Encl	OSED IS MY/OUR GIFT (	DF: D\$100 D\$250	D\$500 D\$1000	D OTHER \$					
PLEASE USE THIS GIFT FOR:		D The Hickman Annual Fund D Resident Assistance Fund DWherever The Needs Are Greatest							
							D OTHER:		
					NAME(S)			Telephone Number:	
			E-MAIL ADDRESS						
Сіту			STATE	ZIP					
D I	NECESSARY FORMS.								
		<b>O</b> PTIONAL	<b>TRIBUTE</b>						
This g	gift is (check one) : D	in honor of :	D in mer	nory of :					
Relati	ionship:								
				onored or a family member of f the individual to be notified.					
NameStr		Stree	reet Address						
City_			State	Zip					
	PLEASE SEND ME COM	FIDENTIAL NO OBLI	GATION INFORMATI	ON ABOUT:					
	<ul><li>D MAKING A B</li><li>D CHARITABLE</li><li>D THE HICKMAT</li></ul>	NG GIFTS OF SECURITIES EQUEST TO THE HICKMA GIFT ANNUITIES N LIVING LEGACY CIRCLI HE HICKMAN IN THEIR ES	E (MEMBERS ARE INDIV	IDUALS WHO HAVE					

## Please remember The Hickman in your will.

The official registration and financial information of The Hickman may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.