

CROSSROADS AFTERCARE PROGRAM

ES7468

You can help Crossroads by allowing us to include your name on a listing of Legacy Donors. When fellow supporters see that you intend to or already have named Crossroads in your will, many others will follow your lead.

Donor # (leave blank if not applicable)			
Last Name		First Name	
Address			
City		State	Zip
Telephone Number		E-mail Address	
<input type="checkbox"/> Yes, you have my permission to include my name on any Legacy Donors listings. <input type="checkbox"/> No, please do not print my name. I wish to remain anonymous.			
If yes, please print your name as you would like it to appear:			
Authorized Signature: _____		Date: _____	

Please return to:

**CROSSROADS AFTERCARE
2823 Wayzata Boulevard
Minneapolis, MN 55405**

**The worst
thing in life
...is to
miss it.**