

## PLANNED GIVING RESPONSE FORM

For more information, or to let us know that you have included NYI in your estate plan, please complete and return this confidential reply form.

Name		
Address		
City	State	Zip
E-Mail	Telephone	
would like to receive information on supporting NYI through:		
Bequests/Wills	Retire	ment Fund
Life Insurance Policy	Colicy Gifts of Appreciated Assets	
I have already named IMS as a beneficiary of my estate through my:		
Will Retirement	t Plan l	_ife Insurance Policy
Please mail your completed form to:		
New York Insight Meditation Center, Attn: Sebene Selassie, 28 West 27 <sup>th</sup> Street, 10 <sup>th</sup> FI, New York, NY 10001		

If you have questions, contact us at (212) 213-4802or info@nyimc.org

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