

Morningside Retirement and Health Services, Inc.

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THE MRHS LEGACY SOCIETY

I acknowledge and accept the invitation to make my own commitment to the Morningside Retirement and Health Services, Inc. to help support the array of social services, health care services, and educational/recreational programs provided by MRHS for residents of Morningside Gardens.

To qualify as a member of The MRHS Legacy Society, I hereby signify that I have included in my estate plan, a bequest to The MRHS Legacy Society, 100 La Salle Street, #MC, New York, NY 10027.

DATE:			
SIGNATURE:			
NAME:			
(Please Pr			
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:			
Please return to: MRHS 100 La Salle Street, #MC New York, NY 10027			