

Request for Information

Name _____

Address _____

Telephone _____

E-mail _____

- I have a question. Please call me.
Best time to call: _____ a.m./p.m.
- I have already included the Brattleboro Walk-In Clinic in my estate plan through:
My will _____ A trust arrangement _____
An insurance policy _____ Other _____
- I prefer not to share my estate plans at this time _____
- Please send me information on:
Including the Walk-In Clinic in my will _____
Giving through my retirement plans _____

Please Mail Request for Information to:

Brattleboro Walk-In Clinic
81 Belmont Avenue
Brattleboro, VT 05301