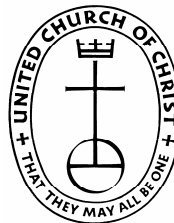


CHHSM PLANNED GIVING PARTNERSHIP



Council for Health and Human Service Ministries and United Church of Christ Planned Giving Partnership Enrollment Form

Please enroll the following CHHSM Agency in the Planned Giving Partnership:

Name of Organization

Name and Title of Organization's Contact Person

Street Address

City/State/Zip Code

Phone Number/Fax Number

E-mail Address

Date

Please return this form to:

Michael Readinger
Vice President for Business Development
Council for Health and Human Service Ministries
700 Prospect Avenue
Cleveland, Ohio 44115
readingm@ucc.org
Fax: 216-736-2251

Once this form is received, your organization will be enrolled in the Planned Giving Partnership and you will receive the Information Packet by mail. Please call Michael Readinger at 216-736-2258 if you have any questions or comments.