LOGO
PLACEHOLDER

# ESTATE PLANNING APPOINTMENT REQUEST

*Please complete this card and return it before you leave.*

| | |
|---|---|
| **Name:** | _____ |
| **Phone:** | _____ |
| **Address:** | _____<br>_____<br>_____ |
| **Email:** | _____ |

| | |
|---|---|
| **Best way to reach you**<br>☐ Phone call ☐ Text ☐ Email | **Best time to contact you**<br>☐ Morning ☐ Afternoon ☐ Evening |
| **What would you like to do next?**<br>☐ Schedule a complimentary review<br>☐ I have questions first<br>☐ Send me information to review | **Questions you'd like us to address**<br>_____<br>_____ |

**Area(s) of Interest / Concern**

| | | |
|---|---|---|
| ☐ Will / Living Trust | ☐ Planning for minor children, guardianship, and family protection | ☐ Powers of Attorney / Healthcare Directives |
| ☐ Nursing home / Medicaid asset protection | ☐ Leaving money to children / grandchildren | ☐ Not sure / Need a general review |

By providing my contact information, I give [Attorney / Firm Name] permission to contact me about my estate planning options. This is an informational consultation only and does not obligate me to purchase any services.

**Signature:** _____ **Date:** _____