



SENIOR CARE PLAN

Cash Insurance Benefit



Final Wishes Planning



Please list four people you know a chance to find out about this incredible and affordable Senior Care Plan! Members receive a \$25 credit towards their merchandise for each referral with a maximum credit of \$100, or 4 referrals

Your Name: _____
Please Print

Name #1: _____
Phone: _____
Address: _____
City, St, Zip: _____
Relationship: _____
Approximate Age: _____
(\$25 Credit)

Name #2: _____
Phone: _____
Address: _____
City, St, Zip: _____
Relationship: _____
Approximate Age: _____
(\$25 Credit)

Name #3: _____
Phone: _____
Address: _____
City, St, Zip: _____
Relationship: _____
Approximate Age: _____
(\$25 Credit)

Name #4: _____
Phone: _____
Address: _____
City, St, Zip: _____
Relationship: _____
Approximate Age: _____
(\$25 Credit)