



# Advance Directive Wallet Card

<p style="text-align: center;"><b>Emergency Health Care &amp; Advance Directives Information</b></p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City / State / Zip</p> <p>_____</p> <p>Phone Number</p> <p><input type="checkbox"/> I have a Living Will</p> <p><input type="checkbox"/> I have a Health Care Power of Attorney</p> <p><input type="checkbox"/> I am an organ and tissue donor registered with the Bureau of Motor Vehicles</p>	<div style="text-align: right;">  <p>Wexner Heritage Village 1151 College Avenue Columbus, Ohio 43209 614-231-4900 whv.org</p> </div> <p style="text-align: center;"><b>My Health Care Power of Attorney(s) / Agent(s)</b></p> <p>_____</p> <p>Primary Name</p> <p>_____</p> <p>Phone Number</p> <p>_____</p> <p>Secondary Name</p> <p>_____</p> <p>Phone Number</p> <p><b>My healthcare documents are stored:</b></p> <p>_____</p>
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fold 1st

fold 2nd

cut along dotted line 

Complete this **Emergency Health Care & Advance Directives Information** card and place it in your wallet, along with your driver's license and health insurance card, to make your wishes known should you become unable to communicate.

Some people keep an additional card on their refrigerator, in their car's glove compartment or in another easy-to-find place.

## Instructions:

1. Cut along outside pink dotted line
2. Fold along center pink fold lines
  - First, fold lengthwise (horizontally)
  - Then fold widthwise (vertically)

Address  
1151 College Avenue  
Columbus, Ohio  
43209

Phone  
614-231-4900  
Fax  
614-231-1974

Email  
info@whv.org  
Web  
whv.org

