



## Pledge: My Wishes, My Decisions, My Life

I take this pledge to express my wishes and prepare for my end of life. I will try to help the people close to me have open conversations about end of life.

I want the best care possible through end of life and I want my loved ones supported. **Therefore, I will:**

- ☐ Talk with my loved ones about what is important to me and how I want to live fully through end of life.
- ☐ Specify cultural traditions and/or religious beliefs that I want honored.
- ☐ Affirm my end-of-life preferences early when I am of sound mind and body.
- ☐ Share this Pledge with my primary doctor or provider.

I understand the importance and benefits of legal paperwork that document my wishes. **Therefore, I:**

- ☐ Will get help to complete these documents and review them often.
- ☐ Understand I may change my wishes at any time, as my circumstances and priorities evolve.

I, \_\_\_\_\_ have read and thought about the statements above. While I know preparing for end of life is not simple and the conversations can be hard, I promise to devote time to talking about and writing down what matters most to me.

Check which applies.

I pledge to ☐ begin ☐ complete and/or ☐ review my Advance Health Care Directive within \_\_\_\_ weeks.

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Signature

Date

☐ I would like to receive resources, planning tools and information from HG Foundation in the future. I understand that I may change my contact preferences at any time.

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E-mail

Phone