

Paper-Mail Inquiry Form

Complete what you can, then mail this page to the address below. We will follow up using the contact information you provide.

YOUR CONTACT INFORMATION

Full name

Phone

Email

Your mailing address

City

State

ZIP code

Preferred way to contact you:

☐

Phone

☐

Email

☐

Mail

WHAT CAN WE HELP YOU WITH?

☐

Life insurance

☐

Health coverage

☐

Existing policy question

☐

General question

☐

Other:

How can we help? Please share a brief note.

Best time to reach you (optional)

MAIL YOUR COMPLETED FORM TO

Colorful Life & Legacy

6670 Kalamazoo Ave SE, Suite D, Unit 1042

Grand Rapids, MI 49508