

Hope Hospice Legacy Society



Completion of this document informs Hope Hospice of your desire to designate our organization as a beneficiary of your estate as you've detailed below. **This form is non-binding**, and you may change or cancel your designation at any time. **We urge you to consult your financial advisor or legal counsel.** Please ensure that your wishes are also recorded on a legally executed document of your choice, and that your family and/or legal representative holds pertinent copies.

I/We, _____, have made the following provisions for Hope Hospice, Inc., in my/our estate plan:

Please check all that apply.

Charitable bequest: Will Trust Life Insurance Charitable Gift Annuity

Specific amount: \$ _____ Percentage of estate _____ % Residual of estate _____ %

Other (retirement plan, IRA, etc.) _____

Copy or excerpt of formal document enclosed (*suggested, but not required*)

Gift Designation/Intent

Unrestricted (*apply to the area of greatest need*)

To be used for the following (*if the restricted purpose is unable to be accomplished, the funds may be used for the greatest need*):

Recognition Preference

I/We wish to remain anonymous.

I/We would like to be publicly recognized for this gift in Hope's publications and website and displayed on the Legacy Society plaque. The amount and terms of my/our gift will remain confidential.

I/We wish to be listed as _____

Signatures

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Address _____ City, State, ZIP _____

Phone number(s) _____ Email _____