



Planned Gift Notice

This notice serves as a confirmation of my planned legacy gift to Chaplaincy Health Care.

Contact Information

Name _____ Date _____

Address _____ City, State _____ Zip _____

Phone _____ Email _____

Birthdate (mm/dd/yyyy) _____ Spouse's birthdate _____

I have designated **Chaplaincy Health Care** to receive a gift from my estate.

Please describe your deferred gift (or attach a copy of the documentation, if you prefer):

- Will or Bequest Retirement Plan Life Insurance IRA Account
 Revocable "Living" Trust Real Estate Other: _____

Name on Account: _____

Company (where account is held): _____

Company Address: _____ Company Phone: _____

How would you like Chaplaincy to use your gift?

- Endowment (only interest income from my gift may be used)
 Current Operating/Unrestricted Other restriction (please specify): _____

If you are comfortable doing so, **please provide an estimate of the current value of your deferred gift.** This estimate will help with planning for the future.

Estimate: _____ Percent of Estate: _____

Anyone who notifies the Chaplaincy Health Care that they are a recipient of a gift in their estate plan qualifies as a member of the Legacy Society. Gift details are always held in strict confidence.

May your name(s) be included in donor rosters of Legacy Society members?

- Yes, you may print my/our name(s) in the Legacy Society listings.

List as: _____

- No, I wish to remain anonymous. Please do not print my/our name(s).

Signature: _____ Signature: _____ Date: _____

This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit the Chaplaincy and its programs in the future. Gifts of any size are always appreciated.

Please return this form to:

Chaplaincy Health Care
ATTN: Development Department
1480 Fowler Street, Richland, WA 99352

Or email us at development@chaplaincyhealthcare.org