

Bequest Intent Form



Please return by mail:

Blue Ridge Hospice, Attn: Philanthropy Department
333 West Cork Street #405, Winchester, VA 22601

or scan and email to development@blueridgehospice.org

I/We desire to provide for the future well-being of Blue Ridge Hospice through a provision in my/our estate plan(s), as specified in this document. Please note that these gifts should be designated to "Blue Ridge Hospice."

Name(s): _____

Address: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

I/We have made a provision to leave a legacy gift to Blue Ridge Hospice through my/our:

- | | |
|---|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Trust/Living Trust | <input type="checkbox"/> Percentage of Estate: ___% |
| <input type="checkbox"/> Retirement Plan or IRA | <input type="checkbox"/> Other (please specify): _____ |

I/We wish to inform Blue Ridge Hospice for planning purposes only, that the approximate value is \$_____ (please note that the amount is confidential).

I/We understand that I/we may add, subtract, or revoke this bequest at any time.

I/We would like these funds to be designated to the area of greatest need.

Or,

I/We would like to discuss the designation of my gift to a particular program.

Program: _____

Gift Recognition

Blue Ridge Hospice may publish my/our name(s) in the list of Legacy Society members.

I/We would like my/our name(s) published as follows:

I/We do not want my/our name(s) published.

Signatures(s)

Printed Name: _____ Printed Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

For more information or questions please contact:

Dawn Draayer, Director of Philanthropy
540-431-8335 ddraayer@blueridgehospice.org