

# Bequest Intent Form



**Blue Ridge**  
HOSPICE

**Please return by mail:**

Blue Ridge Hospice, Attn: Development Department  
333 West Cork Street #405, Winchester, VA 22601  
or scan and email to [Development@BlueRidgeHospice.org](mailto: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 reach out via**  
540-313-9200 | [Development@BlueRidgeHospice.org](mailto:Development@BlueRidgeHospice.org)