



The VNA Community Healthcare & Hospice Legacy of Care

Charitable Bequest Intention Form

Please use this form to share the details of your bequest intentions. In recognition of your disclosure, we are honored to invite you to join our Legacy of Care, a select group of our closest friends who have named VNA Community Healthcare & Hospice as a beneficiary in their estate plans.

This form is for informational purposes only. Your estate is not legally bound by submitting this statement. Your intentions remain revocable and can be modified at any time. This information will be held in strict confidence.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Bequest Specifics:

- In Keeping with my/our desire to provide a legacy of support for VNA Community Healthcare & Hospice, I/we wish to inform you that VNA Community Healthcare & Hospice has been named in my/our estate plans.

Please indicate the nature of the gift, i.e. percentage or amount of estate, beneficiary of life insurance or qualified retirement plan such as a 401k or 403b, IRA or gift from a trust. This is not required, but is helpful for our long-term planning.

Legacy of Care:

In recognition of your intention, it is our great pleasure to induct you as a member of the VNA Community Healthcare & Hospice Legacy of Care, which was established to recognize donors who have included our agency in their estate plans.

- Yes, you may list my/our name(s) as member(s) of the VNA Community Healthcare & Hospice Legacy of Care to inspire generosity in others to consider legacy gifts to support the agency and help us plan for the future of caring in our community.
- I/we prefer that my/our intentions remain anonymous

Donor Name(s) **Date**