

John and Cathy Belcher Campus

90 Ritchie Highway

Pasadena, MD 21122

Phone: 410.987.2003

Fax: 443.837.1558

www.hospicechesapeake.org

Estate Gift Letter of Intent

I/we desire to provide for the future well-being of Hospice of the Chesapeake through a provision in my/our estate plans, and with this letter we are informing Hospice of the Chesapeake of our plans. I/we understand that this future commitment can be revoked or modified by me/us at any time. I/we understand that all information we share with Hospice of the Chesapeake regarding our estate provision will remain confidential.

**Name** **Name (of second/joint donor, if any)**

**Street, City, State, ZIP**

**Phone** **E-mail address**

I/we have named *Hospice of the Chesapeake Foundation, Inc. (Federal Tax ID: 52-1457419)* as a beneficiary in my/our:

\_\_\_\_ **Will or Living Trust** \_\_\_\_ **Retirement plan or IRA** \_\_\_\_ **Life insurance policy**

The approximate current value of my/our future gift is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I/we understand that my/our estate is not legally bound by this estimated amount and that I/we may choose to change or revoke this bequest at any time, at my/our sole discretion.

\_\_\_\_ Please contact me. I would like to discuss another type of gift.

**Gift Recognition (choose one)**

\_\_\_\_\_\_Yes, you may publish my/our name(s) in your lists of estate donors as a motivation for others to leave a future gift to benefit Hospice of the Chesapeake. *Please note: If you authorize to include your name in any list we publish, we will usually list only your name and occasionally the type of estate gift, but never the amount.*

 I/we prefer to remain anonymous currently, but my/our name(s) may be listed when my gift is complete after my death.

 I/we prefer to remain anonymous even after my gift is complete.

Optional: This gift is *in honor/in memory* of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(circle one)*

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**Date Signature Signature**

**Information for Handling of Gift**

Please list persons, or trustee who will be handling the completion of this gift. If there is an insurance or other policy involved, please list the name of the company, policy number and phone number. If there is more than one asset or account, please complete a separate form for each so that we can be assured that we are properly directing your gift.

**Individual, Personal Representative or Trustee** \_\_\_\_

 **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance/Other Company Name**

**Insurance/Other Policy Number**

 **Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for your planned contribution to Hospice of the Chesapeake!***

For any additional questions, please contact Lynne Davidson,

Director of Major Gifts/Campaign at 443-837-1527 or ldavidson@hospicechesapeake.org