



Donor Bequest Intention

I am pleased to advise Community Hospice Foundation (CHF) of my intent to make an estate gift through a provision in my will/trust. Please include this in Community Hospice Foundation's Legacy giving program. I understand the amount of my intended gift will not be published. However, Community Hospice Foundation may publish my name in their list of contributors.

Check here if you want your gift to be anonymous.

Donor Information:

NAME(S): _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

- My current Life Insurance identifies CHF as a beneficiary in the amount of \$ _____ or _____ %.
- My current Will/Trust provides for a bequest of \$ _____ or _____ % of my estate to Community Hospice Foundation.
- I plan to leave a gift of stocks/securities or real property to CHF. For valuation purposes, the approximate current value of this bequest is \$ _____ .
- At this time, it is my intent to direct Community Hospice Foundation to allocate funds from my bequest to the following program or purpose:
- General Fund
- Endowment
- Specific program _____

PROGRAM NAME

My Successor Trustee is:

NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

Donor Authorization:

I will notify Community Hospice Foundation of any future changes in my will/trust that may affect my bequest to the Agency.

PRINT NAME

PRINT NAME

DONOR SIGNATURE

DONOR SIGNATURE

DATE

DATE

COMMUNITY HOSPICE FOUNDATION TAX I.D. # 77-0562224

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