

## **BEQUEST INTENTION NOTIFICATION**

Your name:	Date of Birth:		
		Date of Birth:	
Address:	City:	State: Zip:	
Phone:	Email:		
ا / We have provided (or will إ	provide) for Hospice of Wa	arren County in the following M	anner:
Will or Living Trust	Retirement Assets	Life Insurance PolicyCh	naritable Trust
Other (please list):			
Name of Executor / Trustee/ A	ttorney:		
Address:	City:	State: Zip:	
Phone:	Email:		
I / We wish to direct our gift to	oward:		
Unrestricted endowment	* Restricted endo	wment (list the specific endowm	ent fund below
	ng your gift to ensure that the o	ns of our donors. Please speak with a Horganization is capable of honoring your ne school's mission of priorities.	
*Earnings from unrestricted endowm Hospice of Warren County as determi		ofor use based on the highest needs and	d priorities of
Please indicate:			
My / Our gift is equivaler	nt to% of my / ou	r estate.	
I / We estimate the cash	value of our gift to be \$	·	
-	blications as a motivation	unty Legacy Society and agree to for others to leave a future gift b	-
Please publish recognition as:			
I / We would like to rema	in anonymous and prefer	that my / our name(s) not be pu	blished.
Donor Signature:		Date:	
Donor Signature:		Date:	
Received by:		Date:	

This form is nonbinding and does not constitute a legal promise of any future donation to Hospice of Warren County. We respectfully request notification any time you make changes or adjustments to your estate plan or anticipated gift.