



LEGACY SOCIETY AGREEMENT

Development

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Thank you for including Hospice of the Piedmont in your estate plans. **Please tell us more about your planned gift for Hospice of the Piedmont.**

I have named Hospice of the Piedmont as a beneficiary of my:

Will/trust for: a specified amount _____ a specified percentage _____

Life Insurance Policy Charitable trust IRA or retirement plan

Other (please specify) _____

Estimated current value of gift to Hospice of the Piedmont: _____ **as of (Date)** _____

Please designate my/our gift to the following:

<input type="checkbox"/> HOP's Greatest Need	<input type="checkbox"/> Education	<input type="checkbox"/> Other _____
<input type="checkbox"/> Grief & Healing	<input type="checkbox"/> Hospice House	
<input type="checkbox"/> Kids' Grief & Healing	<input type="checkbox"/> The Serenity Fund (Patient and Family Support)	
<input type="checkbox"/> Supportive Music	<input type="checkbox"/> Veterans' Services	

If at the time this gift is realized, the program or initiative designated has been modified, merged, or otherwise evolved, Hospice of the Piedmont reserves the right to apply this gift to the program that most closely aligns with the original intent of designation, ensuring that the spirit of the donor's wishes are honored.

My/Our gift is in memory/honor of _____

Please check one:

Hospice of the Piedmont may include my name in Legacy Society listings. (Amount and designation, if provided, will remain confidential)

I/we prefer to remain anonymous. Please do not include my/our name in Legacy Society listings.

Signature: _____ Date: _____

Hospice of the Piedmont Tax ID #52-1205921