



**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