



# Estate Plan Giving

## Make an Impact of a Lifetime After Your Lifetime

### ESTATE PLAN GIFT BEQUEST AGREEMENT

Estate Plan Giving is exactly like is sounds, and it gives you the ability to leave a gift to Hospice of Davidson County through your will or trust.

**Your Estate Plan Gift provides the following benefits:**

- You have opportunity to make a major gift while preserving assets during your lifetime.
- You may realize a reduction in federal estate taxes.
- You have the opportunity to designate a gift to support a specific program or service offered by Hospice of Davidson County.

By completing the form below, you can begin the process of designating Hospice of Davidson County as a recipient of assets you bequeath in your will/trust.

"I, \_\_\_\_\_, give, devise, and bequeath to Hospice of Davidson County:

**Type of Gift:**

- Bequest in a Will/Living Trust
- Beneficiary of IRA/Retirement Account/Insurance Policy
- Bank/Brokerage, or Other Financial Account
- Charitable Trust
- Other (please specify): \_\_\_\_\_

**Approximate Value:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The gift shall be recorded as " \_\_\_\_\_ " and shall always be so designated. All public recognition of this gift will be identical to the recorded name above.

The spendable income therefrom, but not the principal, shall be used to support the following program(s): \_\_\_\_\_ in furtherance of Hospice of Davidson County's mission in helping patients manage pain and symptoms, and provide spiritual and emotional support for patients and their caregivers in order to have the best quality of life possible.

This pledge may be satisfied in part or in full by payments made to Hospice of Davidson County by me at my discretion during my lifetime and so designated by me in writing to Hospice of Davidson County at the time of said gift(s). Any amounts paid by me from the date of this Agreement to the date of my death which are so designated as pledge payments applicable to this Bequest Pledge shall reduce the amount my estate is obligated to pay under the terms of this Agreement.

I acknowledge the agency's promise to use the amount pledged for the purposes specified, which shall constitute full and adequate consideration for this pledge.

Date of Birth: \_\_\_\_\_

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

