



Estate Plan Giving

Make an Impact of a Lifetime
After Your Lifetime

ESTATE PLAN LETTER OF INTENT

Yes! I have included Hospice of Davidson County in my estate plans.

Name _____ Date: _____
Address _____
City _____
State _____ Zip _____
Phone _____ Email: _____

Type of Gift:

- Will / Living Trust
- IRA / Retirement Account
- Bank, Brokerage or Other Financial Account
- Charitable Trust
- Other (please specify): _____

My Future Gift:

- Is a percentage of my estate and is worth approximately: \$ _____
- Is in the specific amount of: \$ _____
- I wish to keep the value of my future gift confidential.

My Future Gift is Designated to Support:

- Fund Type
- Where it is most needed at the discretion of Hospice of Davidson County
- Specific Program (please specify):

Donor Recognition Choices:

- I/we wish to remain anonymous and do not want this gift acknowledged in public.
- I/we would like to be acknowledged as a member of the Legacy Society with the following wording (Name of Individual(s) or family name):

Signature: _____ Date _____

Please return this form to:
Jan Knox
Hospice of Davidson County
200 Hospice Way
Lexington, NC 27292

