Foothills Compassionate Care | Hospice of the Foothills | Sierra Community Palliative Care | Foothills Gift & Thrift | PLANNING FOR Good

Estate Plan Intention Form

I want to support Foothills Compassionate Care (FCC) by including the organization in my estate plans as follows:

SECTION 1: DONOR INFORMATION

Name: _____

Address: _____
STREET

_____
CITY *STATE* *ZIP*

Phone: _____ Birthdate: _____

Email: _____

SECTION 2: TYPE OF ESTATE COMMITTMENT

GIFT TYPE

- ☐ Will or Revocable Trust provision
- ☐ Charitable Remainder Trust
- ☐ IRA or Retirement Plan beneficiary
- ☐ Life Insurance beneficiary

FOOTHILLS COMPASSIONATE CARE WILL RECEIVE THIS GIFT

- ☐ Upon my death
- ☐ Upon the death of my surviving spouse / partner
- ☐ Other: _____

MY GIFT IS STATED AS

- ☐ A specific dollar amount
  $ _____
- ☐ A percentage of estate / account
  _____ %
  The estimated current value of this percentage is $ _____
- ☐ Other (i.e. gifts of tangible property)

SECTION 3: SUPPORTING DOCUMENTS

ATTACHED (please choose one)

- ☐ A copy of the will or trust provision pertaining to FCC
- ☐ A copy of the retirement account / insurance beneficiary designation form and summary page from a recent statement
- ☐ A letter from my attorney, executor, or trustee
- ☐ Other: _____

SECTION 4: DESIGNATION

I WOULD LIKE MY GIFT TO SUPPORT

- ☐ Please apply my gift to Foothills Compassionate Care's greatest need
- ☐ Please contact me to discuss how my gift could be used

OVER ▶

SECTION 5: DONOR & GIFT RECOGNITION

Upon notification of this intended gift, Foothills Compassionate Care welcomes you as a member of the Planning for Good Legacy. **Please select one of the options below for recognition of this distinction.**

☐ I authorize Foothills Compassionate Care to include my name in publications that may recognize this gift.

☐ I prefer to remain anonymous.

SECTION 6: ESTATE CONTACT INFORMATION

Who would you like Foothills Compassionate Care to contact upon your death, to facilitate the distribution of your gift?

☐ Executor

☐ Trustee

☐ IRA Custodian / Plan Administrator

☐ Family Member

☐ Other: _____

ESTATE CONTACT

Name: _____

Address: _____
STREET

_____
CITY *STATE* *ZIP*

Email: _____

Phone: _____

SECTION 7: SHARE YOUR STORY

Every supporter has a story. You're invited to share yours below.

_____

_____

_____

_____

_____

Your story could help others connect with our mission. Is it alright if we include your first name?

☐ Yes, using my first name is okay ☐ No, I prefer to remain anonymous.

DONOR SIGNATURE	*DATE*

Foothills Compassionate Care (FCC) understands that your plans or financial circumstances may change, and the organization does not make financial committments in anticipation of any future estate gifts. This form is not intended to be a legally binding pledge. All information you provide will remain confidential.

Hospice of the Foothills, dba Foothills Compassionate Care | Tax ID 94-2674084

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