

CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Visiting Nurse Association and Hospice Foundation, Inc. through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Maurika Reed
Charitable Gift Planner
Visiting Nurse Association and Hospice Foundation, Inc.
Phone: 772.978.5574
Email: Mreed@vnatc.com

Planned Gift Notification- Confidential

Personal Information

Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

Your Gift Intention

Please provide the following information and attach a copy of the documentation or appropriate language from your will or trust, if available. Please complete all that apply.

- I/We want to support the mission of Visiting Nurse Association and Hospice Foundation, Inc. through a planned gift as described below:
- I/We have included a bequest for VNA & Hospice Foundation in my/our will or living trust.
 - I/We have named VNA & Hospice Foundation as a beneficiary of an asset:
 - Retirement Plan
 - Bank, Investment, or Other Financial Account
 - Life Insurance Policy
 - Other: _____
 - I/We have named VNA & Hospice Foundation as a revocable/irrevocable (*circle one*) beneficiary of a charitable remainder trust.

The anticipated value of my/our gift is/will be approximately \$ _____ or _____ % of my/our estate. (*If possible, please include a copy of the bequest language or other wording describing your planned gift.*)

Please provide a general description of the gift provision (*such as, asset to be donated if other than cash or securities, how gift is to be used, whether gift is to create an endowment, etc.*):

- Yes, you may include me/us in listings of planned gift donors.

Please indicate how you would like your name(s) to appear in our **VNA Nightingale Legacy Society** listings. (*Please note the amount of your intended gift will not be published*):

- No, please do not include me/us in listings.

Signature(s):

Date:

Return form to:
Maurika Reed
Charitable Gift Planner
Visiting Nurse Association and Hospice
Foundation, Inc.
1110 35th Lane, Vero Beach, FL 32960
Phone: 772.978.5574
Email: Mreed@vnatc.com