

Alive Hospice, Inc. – Statement of Intent

Friends for Life



Alive Hospice, Inc. provides a way to recognize generous individuals who have made plans to benefit the organization's future as members of our "Friends for Life" donor society. Donors understand that a planned gift to Alive Hospice is a simple way to contribute to the future financial stability of Alive Hospice, Inc. We thank those who have let us know of funds to be given in the future. If you have made provision for a gift to Alive Hospice, please complete this form.

Name _____
Address _____
Phone _____
City _____ State _____ Zip _____

TYPE OF GIFT: I / We have made the following provision for a gift: (Please check all that apply)

- _____ Bequest in a living trust or will, and/or Beneficiary Designation(s) under Revocable Trusts, Life Insurance Policies, Commercial Annuities, Retirement Accounts, Donor-Advised funds, or other types of designations.
- _____ Cash
- _____ Real Estate
- _____ Charitable Remainder Trust
- _____ Charitable Lead Trust
- _____ Tangible Personal Property
- _____ Life Insurance Policy (ownership)
- _____ Marketable Securities (publicly traded stock)
- _____ Other _____

AMOUNT (or approximate value): \$ _____

RECOGNITION:

_____ In recognizing this gift, Alive Hospice is authorized to list the following name(s) as a donor to Alive Hospice, Inc., and member of the "Friends for Life" donor society, governed by all related agreements: (If my plans change, I will notify the Alive Hospice to remove the name(s) from the donor recognition list.) :

(Exact name as you wish it to be listed in donor reports as a member of our Friends for Life society)

OR

_____ I / We have made provision for a gift but prefer confidentiality and do not wish to be listed as a donor to Alive Hospice, Inc.

DOCUMENTS:

_____ I acknowledge receipt of the Alive Hospice Guidelines for Gift Acceptance

_____ It is my intent to have the appropriate legal documents revised if necessary according to the above gift provision, and to provide Alive Hospice with a copy of my will, or applicable portion, or appropriate document designating Alive Hospice, Inc.

This "Statement of Intent" is non-binding.

SIGNATURE: _____ DATE: _____