



**Nonbinding Founders Society Bequest Intention Notification**

Bequests by generous friends are an important source of future income for Delaware Hospice. While much of Delaware Hospice’s attention is focused on current issues and needs, the pledge of future support by friends ensures our mission will continue well into the future.

Please consider completing this form to assist with our future planning and allow us to thank you. It’s voluntary, confidential and nonbinding, and you can always change or revoke your gift down the road. This just helps us get some measure of the support we may count on in the future.

In recognition of my confidence in Delaware Hospice, I have made the following planned gift(s):

- Gift in my will: \_\_\_\_\_% or \$\_\_\_\_\_
- Beneficiary of my life insurance policy: \_\_\_\_\_% or \$\_\_\_\_\_
- Beneficiary of my retirement account: \_\_\_\_\_% or \$\_\_\_\_\_
- Other: \_\_\_\_\_

- I have attached a copy of that portion of the will or trust that references my gift to Delaware Hospice.
- If I make any change to this provision, or if the value of my bequest or gift changes substantially, I will notify Delaware Hospice of the change.
- I understand that all information listed below will be kept in confidence unless I authorize its release.

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

Date(s) of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Preferred method(s) of contact:  Phone  Email  Mail

We often acknowledge bequest intentions by including your name in our publications. If you have made this gift in honor or in memory of someone, that information can be included as well. No gift information, other than the donor’s name, is provided.

**Please check all that apply:**

- Please include my name on the list of Founders Society members.  
*Include my name as follows:* \_\_\_\_\_

- I prefer that my plans for support remain confidential to the public.

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