

## VOLUNTEER HOSPICE OF CLALLAM COUNTY

829 E. 8th St., Port Angeles, WA 98362 ♦ volunteerhospice.org Phone: 360.452.1511 ♦ Fax: 360.452.3032 ♦ office@vhocc.org

## **Donor Notification of Intent to Give**

Thank you for your intention to support Volunteer Hospice of Clallam County (VHOCC). Completing this form helps us ensure that we understand and can honor your future gift intentions. This form is not legally binding and does not constitute a pledge or enforceable commitment.

This form is for our records and recognition purposes only. Please consult your attorney, tax advisor, and/or financial planner for guidance on planned giving options.

•	Information	prairied giving options	•			
	First Name			Last Name		
	Preferred Name for recognition					
	Mailing Address					
	Email					
	Phone			Date of Birth*		
	Relationship to VHOCC					
	* Optional, but helpful.					
Type of Future Gift  I have made/intend to make a future gift to Volunteer Hospice of Clallam County (EIN 91-1076440) through the following methods:						
	Bequest in my Will or Living Trust  Reposition of Retirement Assount (IRA 401/k) etc.)					
	<ul> <li>□ Beneficiary designation on Retirement Account (IRA, 401(k), etc.)</li> <li>□ Beneficiary designation on Life Insurance Policy</li> </ul>					
	☐ Donor-Advised Fund (DAF)					
	Qualified Charitable Distribution (QCD) from an IRA					
	☐ Charitable Remainder Trust or Charitable Gift Annuity					
		ase describe):				



## **OPTIONAL** - Please share any information you would like to provide:

	Approximate amount or percentage of gift:				
	Name of financial institution or custodian:				
	Gift is made in memory or honor of:				
	Any relevant documentation to help us ensure your intentions are carried out as you wish:  Copy of will or trust page referencing the gift  Beneficiary designation confirmation  Letter of intent or advisor letter  Advisor Information  Advisor Name:				
Recogi	Firm/Organization:  Phone/Email:  Relationship:  Attorney CPA Financial Advisor Executor Other  nition Preferences  How would you like your name(s) to appear in recognition listings?				
	OR  I prefer to have my gift remain anonymous.  Please share any stories or reasons for your gift (we may use these words in reports, social media, etc.):				

Thank you for letting us know about your future gift. Your foresight and generosity ensure that VHOCC can continue to serve the community for generations to come. If you would like to schedule a conversation about giving or receive sample bequest language, please contact Priya Jayadev at 360.797.8974 or <a href="mailto:priya.j@vhocc.org">priya.j@vhocc.org</a>.

Please mail or bring your completed form to: 829 E. 8<sup>th</sup> St, Port Angeles, WA 98362 or email to <a href="mailto:priya.j@vhocc.org">priya.j@vhocc.org</a>.