compassion & choices

Support. Educate. Advocate. Choice & Care at the End of Life.

THE LEGACY CIRCLE

CONFIDENTIAL BEQUEST NOTIFICATION FORM

Often, when an organization such as Compassion & Choices is included in a donor's estate plans, we do not learn of that bequest until it is time to distribute that estate. That means we are unable to thank the donor and to recognize the donor's generosity. We hope that you will take the time to let us know of your plans, so that we are able to thank you properly now. We are deeply grateful for all you do for our mission.

Name: _____ Date of Birth: ____/____/_____
Spouse's Name: _____ Date of Birth: ____/____/_____
Address: _____
Street City State Zip
Best Phone to reach me (us): _____ Best time: _____a.m./p.m.

My/our will and other estate planning documents which include a provision for **Compassion & Choices** were executed on _____.
Month Day Year

Type of Bequest or Other Planned Giving Vehicle:
____ Specific Amount ____ Percentage of Estate (_____%) ____ Remainder Trust
____ Retirement Plan or IRA Assets ____ Insurance Policy Beneficiary
____ Other (please contact me/us for more details)

To assist Compassion & Choices in planning for the future:
The approximate value of my/our bequest, based on today's value is _____

Purpose/Designation of Gift: _____ (if no designation is made, your gift will be designated for general operating support)

Attorney/Advisor's Name: _____ Phone: _____
Firm's Name: _____
Address: _____
Street City State Zip
_____ I/we prefer to remain anonymous.

_____ _____
Signature Spouse's Signature
Date signed: _____

►*We recommend that your documents include the following language: ". . . to Compassion & Choices, tax identification number 84-1328829, or its successor organization, located at PO Box 101810, Denver, CO 80250-1810. . . ."*