



Charitable Bequest Intent Form

Please use this form to share the details of your bequest intentions for Waveny LifeCare Network. In recognition of your disclosure, we are honored to invite you to join Waveny's Legacy Society, a select group of our closest friends who have named Waveny as a beneficiary in their estate plans.

This form is for informational purposes only. Your estate is not legally bound by submitting this statement. Your intentions remain revocable and can be modified at any time. This information will be held in the strictest confidence.

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Bequest Specifics:

As evidence of our desire to provide a legacy of support for Waveny LifeCare Network, I/we wish to inform you that Waveny has been named in my/our estate plans.

Please indicate the nature of the gift, i.e. percentage or amount of estate, beneficiary of life insurance or qualified retirement plan such as a 401k or 403b, IRA or gift from a trust. This is not required, but is helpful for Waveny's long-term planning.

Legacy Society:

In recognition of your intention, it is our great pleasure to induct you as a member of Waveny LifeCare Network's Legacy Society, which was established to recognize all donors who have included Waveny in their estate plans.

Yes, you may list my/our name(s) as member(s) of Waveny's Legacy Society to inspire generosity in others to consider legacy gifts in support of Waveny, and which also helps Waveny to plan for the future.

I/We prefer my/our intentions to remain anonymous.

Donor Name(s)

Date



Yes, I would like to learn more about Waveny LifeCare Network's
Planned Giving Program and Legacy Society:

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

The best time to contact me is: _____

Comments/Questions

****Please Save Form and email to development@waveny.org****