



Declaration of Bequest Intention

By completing this form you signify your intention to name Circle of Care as a beneficiary of your estate. Circle of Care understands that all bequest provisions are revocable and that any intentions stated here are not binding on you or your estate. We are deeply grateful for your vision and generosity.

I have named Circle of Care as a beneficiary of: (Check as many as apply)

- My Last Will and Testament
- Retirement Account
- Revocable Trust (Living Trust)
- Charitable Trust
- Life Insurance Policy
- Donor Advised Fund
- Other (please specify) _____

My provision (s) names Circle of Care as:

- Primary Beneficiary
- Secondary Beneficiary
- Contingent Beneficiary

I estimate that the total value of my gift to Circle of Care through my estate will be \$_____

If/when this gift is received by Circle of Care, it is my wish that the organization use my gift for the following purpose:

- General Purposes/Area of Greatest Need
- Other _____

I understand that my commitment to leave Circle of Care a legacy gift through my estate entitles me to recognition in publications.

- Yes, Circle of Care may publish my name in publications for recognition purposes
- I am pleased to donate to Circle of Care, but I wish to remain anonymous and request that my name not be published in connection with my bequest intention

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

To facilitate our ability to honor the intentions set forth above, we would greatly appreciate a copy of your Will or Trust (or appropriate sections thereof) for safekeeping in our confidential files. Thank you.