

Notification of Planned Gifts

This is a notification that I have included Hospice East Bay in my estate plans.

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

I give permission for my name to be publicly recognized, since my example may encourage others to include Hospice East Bay in their estate plans.

Name as I (or we) wish it to appear:

I do NOT give permission for my name to be recognized—please keep this disclosure confidential.

My estate plan provides for Hospice East Bay in the following ways:

- | | | |
|---|--|---|
| <input type="checkbox"/> Will & Bequest | <input type="checkbox"/> Qualified Retirement Plan | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Living Trust | <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Other _____ |

I estimate the present value of this commitment to be: \$ _____

Providing the details of your provision is entirely optional and will be kept confidential. However, this information helps us ensure that your wishes will be realized and allows us to plan for the future of Hospice East Bay.

I have notified the following people of our plans (attorney, executor, relative):

Name _____ Name _____

Relationship _____ Relationship _____

Business _____ Business _____

Address _____ Address _____

City/St/Zip _____ City/St/Zip _____

Phone _____ Phone _____

Signed _____ Date _____



*Please return this form to Mats Wallin, Gift Planning Manager, Hospice East Bay
3470 Buskirk Ave, Pleasant Hill, CA 94523, (925) 887-5678, Tax ID: 94-2515405*