

1940 SOCIETY

BENEFITING



I/We are pleased to inform you of a planned gift to benefit Atrium Health. I understand that this commitment is revocable and can be modified at any time.

Name

Address City State Zip

Phone Email

<u>Type of Gift:</u>	<u>Current Value</u> (optional):
<input type="checkbox"/> Gift by Will <input type="checkbox"/> Outright bequest <input type="checkbox"/> Residual bequest (<u> </u> % of my estate)	\$ _____
<input type="checkbox"/> Gift of Property Please describe: _____	\$ _____
<input type="checkbox"/> Designation of Retirement Plan Assets	\$ _____
<input type="checkbox"/> Designation of Life Insurance Policy	\$ _____
<input type="checkbox"/> Charitable Trust <input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	\$ _____
<input type="checkbox"/> Other Please describe: _____	\$ _____

Fund/Facility: _____
(for which gift is designated)

Special gift instructions (optional): _____

- I/We are happy to be recognized for our legacy gift as members of the *1940 Society*.
- I/We would like our legacy gift to remain anonymous.

Signature Date

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