

1940 SOCIETY

B E N E F I T I N G



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

Type of Gift:

Current Value (optional):

Gift by Will

\$ _____

Outright bequest Residual bequest (% of my estate)

Gift of Property

\$ _____

Please describe: _____

Designation of Retirement Plan Assets

\$ _____

Designation of Life Insurance Policy

\$ _____

Charitable Trust

\$ _____

Irrevocable Revocable

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

Signature

Date