



Thank you for your interest in joining the Legacy Society of North Hills Community Outreach. This group is comprised of individuals and families who have included NHCO in their long-term plans. Please complete the form below to authorize membership.

Today's Date: _____

Contact information:

Name: _____ D.O.B. ____/____/____

Name: _____ D.O.B. ____/____/____

Primary Address: _____

City/State/Zip _____

Contact Email: _____

Contact Phone: _____

Would you like this gift to be anonymous? _____

I/We have included North Hills Community Outreach in my/our will:

- A specific bequest of \$ _____
- A percentage bequest of _____ % Estimated Value \$ _____
- Other (please describe) _____

Has the following documentation has been submitted to NHCO: _____

- A copy of the first page of your will
- A copy of the last page of your will (with signature)
- A copy of the page that mentions your gift to NHCO



Planned Giving can take many forms. Please use this section to let us know if you have made additional plans to support North Hills Community Outreach.

○ **A life insurance policy**

Death benefit: \$_____ Current cash surrender value \$_____
Primary beneficiary or secondary beneficiary (please circle one)

○ **A Qualified Retirement Plan (IRA, 401k, 403b)**

Foundation interest: _____% Current market value of plan \$_____
Primary beneficiary or secondary beneficiary (please circle one)

○ **Charitable Remainder Unitrust of Annuity Trust**

Interest: _____% Current market value of trust \$_____

○ **Other:** Please Describe:

Signature: _____

Date: _____

Signature: _____

Date: _____