



## THE LILLIAN WALD LEGACY SOCIETY

### Charitable Bequest Intent Form

Please use this form to share the details of your bequest intentions. In recognition of your disclosure, we are honored to invite you to join the Lillian Wald Legacy Society, a select group of our closest friends who have named Visiting Nurse & Hospice of Fairfield County as a beneficiary in their estate plans.

**This form is for informational purposes only. Your estate is not legally bound by submitting this statement. Your intentions remain revocable and can be modified at any time. This information will be held in strictest confidence.**

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Bequest Specifics:

- In keeping with my/our desire to provide a legacy of support for Visiting Nurse & Hospice of Fairfield County, I/we wish to inform you that Visiting Nurse & Hospice of Fairfield County has been named in my/our estate plans.

Please indicate the nature of the gift, i.e. percentage or amount of estate, beneficiary of life insurance or qualified retirement plan such as a 401k or 403b, IRA or gift from a trust. This is not required but is helpful for our long-term planning.

---

---

#### Legacy Society:

In recognition of your intention, it is our great pleasure to induct you as a member of the Lillian Wald Legacy Society, which was established to recognize donors who have included Visiting Nurse & Hospice of Fairfield County in their estate plans.

- Yes, you may list my/our name(s) as member(s) of the Lillian Wald Legacy Society to inspire generosity in others to consider legacy gifts to support Visiting Nurse & Hospice of Fairfield County and help us plan for the future of caring in our community.
- I/we prefer that my/our intentions remain anonymous.

---

**Donor Name(s)**

**Date**