

Agnes Coburn Legacy Society – Member Profile Form

Hospice of the Piedmont

By documenting your future gift intention, you enable us to thank you for your generosity now. While not binding you to these gift plans, by sharing the details of those plans with us you also enable us to begin planning for the future. Call Karen Ratzlaff at (434) 817-6910 if you have questions.

Name: _____
(As you wish it to appear in recognition vehicles; see below to opt-out of such recognition)

Spouse Name: _____
(Include if spouse should receive credit as well.)

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Email: _____
Identify as: Home, Business, Mobile

Please check one:

- Hospice of the Piedmont may include my name in Agnes Coburn Legacy Society listings. *(Neither the amount nor designation, if provided, will be included on the listing.)*
 - Include my spouse as a “joint” member with me.
- I am honored to be included in the Agnes Coburn Legacy Society, however I/we prefer to remain anonymous. Please do not include my/our name in Coburn Legacy Society listings.

The following information is optional. Please tell us more about your gift for Hospice of the Piedmont.

- I am interested in establishing a permanent endowment fund to ensure the future of hospice services.

I have named Hospice of the Piedmont as a beneficiary of my:

- Will/trust for: a specified amount a specified percentage
- Life Insurance Policy
- Charitable trust
- IRA or retirement plan
- Other (please specify) _____

My/our gift is:

- In memory/honor of : _____
- Unrestricted *(use where the need is greatest)* Designated for (program): _____

Estimated current value: _____ as of (Date) _____
(Optional)

Return your completed profile form to:
Hospice of the Piedmont, Development Office, ATTN: Karen Ratzlaff
675 Peter Jefferson Parkway, Suite 300
Charlottesville, VA 22911