

Bequest Intention Form

I (We) desire to inform you that I (we) have included a bequest to Hospice SLO County in my (our) estate plan. I (We) estimate that the current value of the gift to Hospice SLO County is approximately \$_____. It is my (our) pleasure to make this gift to _____ (please specify a program designation or general operating funds). I (We) understand that this gift is revocable and can be changed at any time. I (We) further understand that I (we and/or my (our) estate) am not legally or morally obligated to fulfill this intention if I (we) choose to modify or cancel my (our) gift at a future date. I (We) will inform you if I (we) change my (our) intent toward your organization or if the value of my (our) gift significantly increases or decreases.

At present I anticipate that my/our gift will be made through the following (please check all that apply):

- | | | |
|----------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Will or Living Trust | <input type="checkbox"/> Brokerage Account | <input type="checkbox"/> A specific bequest (home, vehicle, etc.) |
| <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> I do not wish to share any additional details |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Other |
| <input type="checkbox"/> Financial or Investment Account | <input type="checkbox"/> Donor-Advised Fund | |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> A specific dollar amount | |
| | <input type="checkbox"/> A percentage | |

I (We) prefer this to be an anonymous gift: Yes / No

My gift is in honor or memory of a person or pet: Yes / No Name: _____

Donor Name(s): _____

Address: _____

City, St, Zip: _____

Email: _____

Phone: _____

Date: _____

The person who will handle my (our) estate affairs is:

Name: _____ Relationship: _____

Telephone: _____ Email: _____

Thank you for your intention to include Hospice SLO County your estate plan. We are deeply grateful for your vision and generosity in supporting our mission. All information regarding your bequest intention will remain confidential. When your plans are finalized, please complete this form and return to: Hospice SLO County, 1304 Pacific Street, San Luis Obispo, CA 93401 or scan and email the form to hospiceslo@hospiceslo.org. If appropriate, please include a copy of the relevant provision of the will, trust or beneficiary designation form. If you make changes, please notify Hospice SLO County of such change. If you have questions, please contact Shannon McQuat, Executive Director at (805) 544-2266 or email shannonmcquat@hospiceslo.org.