



CORPORATE OFFICE
1085 North Main Street
Providence, RI 02904
(401) 415-4200
HopeHealthCo.org

Confidential Bequest Intention Form

Please use this confidential form to share the details of your bequest intention for HopeHealth. Details will remain confidential. Your estate is not legally bound by submitting this statement and your intentions can be modified at any time.

Name(s) _____ Date(s) of Birth _____

Address _____

Phone _____ Email _____

Bequest Specifics

Please indicate the nature of the gift. For example: percentage or amount of estate, beneficiary of life insurance or qualified retirement plan such as 401(k), 403(b), IRA, life insurance or gift from a trust, and an estimated amount. You may also wish to attach a copy of the section of the document that pertains to HopeHealth.

As evidence of my/our desire to provide a legacy gift to HopeHealth, I/we wish to inform HopeHealth that they have been named in my/our estate plans, as follows.

Circle of Hope Legacy Society

*In recognition of your intention, HopeHealth will enroll you in the **Circle of Hope Legacy Society**. The Legacy Society honors donors who include HopeHealth in their estate plans. Names are published in annual listings and help serve as motivation for others to consider leaving a legacy gift.*

I/We acknowledge:

___ Yes, HopeHealth may publish my/our name(s) as members of the HopeHealth's Circle of Hope Legacy Society.

___ I/we prefer to remain anonymous.

Signed _____ Date _____

Signed _____ Date _____