



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

### Future Gift Confirmation Form

*It is my/our desire to provide a legacy of support to HopeHealth Hospice & Palliative Care and to encourage others to do likewise. I/we hereby inform you that I/we have made a provision for a gift in my/our future plans.*

**My/our future gift to HopeHealth is from:**

- Bequest in my will or living trust
- Life insurance policy
- Charitable Remainder Trust
- Other
- IRA or retirement plan assets
- Brokerage or bank account
- Donor advised fund

**My/our future gift to HopeHealth is for:**

- Greatest needs of HopeHealth Hospice & Palliative Care.
- A specific purpose: \_\_\_\_\_.

**Based on my/our current estate plan, HopeHealth Hospice & Palliative Care is named to receive a:**

Specific amount of \$ \_\_\_\_\_ or \_\_\_\_\_% currently estimated at \$ \_\_\_\_\_.

**Recognition:**

- To inspire others to make future gifts, I consent to HopeHealth recognizing me publicly as part of the Circle of Hope Legacy Society (future gift recognition society).

Please list my/our name as: \_\_\_\_\_

- I/we wish to remain anonymous.

**Comments:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Questions?** Please contact:

Suzanne Fortier, Chief Philanthropy Officer  
(401)415-4690

[Giving@HopeHealthCo.Org](mailto:Giving@HopeHealthCo.Org)

*This form is used for information purposes only and is not legally binding.*