



The Legacy Society

of Chase Brexton Health Care

Donor Profile Information

Full Name: _____

Date of Birth: _____

Date of Birth (spouse): _____

Street Address: _____

City, State, Zip code: _____

Telephone: _____

Email address: _____

Please designate whether you approve of displaying your name(s) in the Legacy Society listings:

- Yes, include my name in the listings (and spouse, if applicable). *Amounts or designations are not included.*
- No, I/we prefer to remain anonymous. Do not include my/our name in the listings

I have named Chase Brexton Health Care as a beneficiary of my (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Will/Trust | <input type="checkbox"/> IRA or Retirement Plan |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Donor Advised Fund |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Other |

If other, please specify: _____

Estate provision stated as: Specific dollar amount **-or-** Percentage of estate/account

If based on a percentage, please estimate the current value of your gift to

Chase Brexton Health Care \$_____.

I approve of my gift being used for general operations (unrestricted use): Yes No

If you indicated no, I designate my gift to be used specifically for: _____

Signature _____ Date: _____