



CONSIDER MAKING THE ULTIMATE GIFT!  
Notify Capital Caring of a NEW bequest in your estate plans and return this form by December 28th to have your notice to us matched by private donors with a cash gift of \$1000 to Capital Caring!

Jared B Hughes  
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## CAPITAL CARING HERITAGE SOCIETY FORM

\_\_\_ Yes! I care deeply about the important work of Capital Caring and would like to join the Heritage Society. I have remembered Capital Caring in my estate plans:

- \_\_\_ through my will.
- \_\_\_ through gifts of cash, stocks, real estate, or other personal property.
- \_\_\_ through a Charitable Remainder Trust, IRA or other financial instrument or account.

If possible, I would like my gift to be used:

\_\_\_ for a specific purpose or a particular Inpatient Center: \_\_\_\_\_

\_\_\_ at the discretion of the Board of Trustees for Capital Hospice's (dba Capital Caring's) greatest needs.

\_\_\_ This gift is in memory/honor of: \_\_\_\_\_

\_\_\_ **I understand that I need not reveal the size of my gift in order to join the Heritage Society nor is this a binding contract.** However, to help Capital Caring with its long-term planning, I want to share, in confidence, that the approximate size of my gift will likely be \$\_\_\_\_\_ if all things go as planned. *(please consider enclosing a copy of the language used or the bequest instrument form so that we can make sure accurate)*

\_\_\_ I/We wish to be listed in publications as: \_\_\_\_\_

\_\_\_ I do not wish to be listed in publications

\_\_\_ I/We would be willing to be featured in the Heritage Society Newsletter about why I/we have made this intention known.

\_\_\_ Please send information about how to leave a bequest to Capital Caring using:

\_\_\_ appreciated securities \_\_\_ life insurance \_\_\_ real estate \_\_\_ IRA \_\_\_ Bank Account

\_\_\_ Please send information establishing a Charitable Gift Annuity or Remainder Trust that generates a stream of income for a lifetime. Here are my/our dates of birth (MM/DD/YYYY) \_\_\_\_\_ and (MM/DD/YYYY) \_\_\_\_\_

Non-Binding Signature(s): \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email(s): \_\_\_\_\_