



*Advanced Home Care & Hospice for All Ages at All Times*

We look forward to welcoming you into the Heritage Society!

Coriander Stasi – Director, Philanthropy – 703-538-2077

Please email your completed form to: [cstasi@capitalcaring.org](mailto:cstasi@capitalcaring.org)

Or mail to: Coriander Stasi, Capital Caring Health, 3180 Fairview Park Dr., Falls Church, VA 22042

## **HERITAGE SOCIETY AGREEMENT**

\_\_\_ Yes! I care deeply about the important work of Capital Caring Health and would like to join the Heritage Society. I have remembered Capital Caring Health 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 Health 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 bequest instrument form so we can help ensure accuracy)*

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

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

\_\_\_ I / We would consider being interviewed for 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 Health 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): \_\_\_\_\_