



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

Nan Moring, Director, Major Gifts & Planned Giving  
[nmoring@capitalcaring.org](mailto:nmoring@capitalcaring.org), 703-531-1117

## 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 Health'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 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 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): \_\_\_\_\_