

H  P E W E L L
a therapeutic farm community

Planned Gift Intention Form
(Non-Binding and Confidential)

Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I/We are pleased to inform you that my/our estate planning documents, completed in _____ (year), include a provision for Hopewell.

Type of Bequest: _____ Specific Amount _____ Percentage of Estate _____ Residue of Estate

Gift Vehicle: _____ Will _____ Trust _____ Life Insurance _____ Retirement Plan

Designation of Gift:

_____ General Endowment

_____ General Operations

_____ Named Fund (minimum unrestricted gift of \$100,000 required)

Please discuss any plans for *restricted endowment funds* with Hopewell's Director of Development.

To help us plan for the future:

The approximate amount of my/our gift, based on today's value is \$_____.

_____ I/We will notify Hopewell if this gift changes.

_____ I/We prefer the terms of this gift to remain anonymous.

Signature

Date

Spouse's Signature (if applicable)

Date

Optional:

Attorney/Advisor Name: _____ Phone: _____

Please return this form to Hopewell Development Office, 147 Bell Street #303, Chagrin Falls, OH 44022.