



LEGACY of HEALING SOCIETY

Welcome to The Women's Home Legacy of Healing Society! Members have demonstrated generosity, vision and compassion through the establishment of a planned gift. Please confirm your membership by completing this form.

First Name _____

Address _____

City _____ State _____ Zip _____

Birthday _____

Email _____ Phone _____

Signature _____ Date: _____

PUBLISHING PREFERENCES

You may publish my name as a member of The Women's Home Legacy of Healing Society. (The amount of your gift will remain confidential)
Listing Preference: _____

It is ok to share my story and planned gift in marketing materials.

I prefer for my membership to be anonymous.

GIFT INFORMATION

I have created the following planned gift(s) to benefit those served by The Women's Home:

Bequest through my will Beneficiary of Life Insurance

Beneficiary of Retirement account Beneficiary for Real Estate

Beneficiary of a Charitable Trust Other

APPROXIMATE GIFT AMOUNT: _____

(Optional)

This information will be kept confidential and used solely to assist in planning for the future needs of The Women's Home. I retain the right to change my revocable gift plan(s). This is not legally binding.