LEGACY SOCIETY
Statement of Intent

HopeLink Behavioral Health
10455 White Granite Dr, Suite 400
Oakton, VA 22124
(703) 546-9000

As evidence of my/our desire to provide a legacy gift in support of HopeLink, I/we hereby inform you that I/we have made a provision for a gift in my/our estate plans.

By completing this Statement of Intent, you are making HopeLink Behavioral Health aware of your planned gift intention. Please note that you may modify your intention at any time. If you wish to make your planned gift irrevocable, please contact us.

It is my/our intent to leave a legacy gift to HopeLink through my/our:

- ☐ Will
- ☐ Living Trust
- ☐ Retirement Assets
- ☐ Charitable Trust
- ☐ Life Insurance Policy
- ☐ Other (please explain):

My/our gift has been designated to benefit the following area(s) at HopeLink (gifts with no designation are invested in HopeLink's general operating fund):

The amount of my gift is:

$

or a percentage %

of my estate (estimated %).

Donor Information:

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

☐ I/we agree to have my/our name listed as a member(s) of the HopeLink Legacy Society, recognizing my/our planned gift. I/we understand that this permission is to share my/our name only and **NOT** the monetary details of our gift.

Name:

☐ Please do not list my name publicly.

Donor Signature:

Date: