



Hope Builders Legacy Circle - Confidential Enrollment Form

Please print or type.

Name(s): _____

Mailing Address: _____

City/State/ZIP Code: _____

Home Phone: _____ Office Phone: _____

Email: _____

Relationship with Comprehensive Mental Health Services:

- Board of Directors (current or past) Client Volunteer Staff (current or past) Donor Friend

Gift Information:

- | | |
|---|---|
| <input type="checkbox"/> Bequest (or living trust) | <input type="checkbox"/> Charitable Remainder Annuity Trust |
| <input type="checkbox"/> Dollar Amount | <input type="checkbox"/> Charitable remainder Unitrust |
| <input type="checkbox"/> Stock or Property | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Percentage Bequest | <input type="checkbox"/> IRA/Retirement Plan Beneficiary |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Residuary Bequest |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Pooled Income Fund |
| <input type="checkbox"/> Gift of Residence or Farm
with Retained Life Estate | |

Please indicate the approximate current market value of the planned gift named above:

\$ _____ (optional, will be treated as confidential).

The gift is:

- Unrestricted
- Restricted as follows: _____
- I wish to remain anonymous

Signature: _____ Date: _____