Children's Home Society of North Carolina

Confirmation of Your Legacy Gift

This form is designed to help you provide information about your deferred gift to Children's Home Society of North Carolina. By sharing this information, you can help ensure that your gift will be used in accordance with your wishes.

Name(s): _____

Address: _____

Date(s) of Birth: _____

Email address: _____

Cell phone(s): _____

Please identify your deferred gift type – **select all that apply** – attach a copy of documentation if you wish:

___ Will ___ Revocable "Living" Trust ___ Retirement Account

___ Life Insurance Policy ___ Donor Advised Fund Succession Plan

___ Other: _____

By including us in your estate plan, you will become a member of our Family Forever Society. Do you wish to remain anonymous? ___ Yes ___ No

Please provide an estimate of the current value of your deferred gift to Children's Home Society. All such information will be kept confidential. This estimate does not bind you or your estate in any way.

Estimate: _____

_____	_____	_____
Signature	Signature	Date

This document does not bind you or your estate in any way. By signing this form, you are simply acknowledging your current plans to benefit Children's Home Society in the future and giving us guidance as to your wishes.

Mail completed form to:
Heather Gordon, Donor Relations Specialist
PO Box 14608
Greensboro, NC 27415

Questions? Please contact the Philanthropy Team:
1-800-632-1400
Philanthropy@chsnc.org