

## Legacy Society Enrollment Form

The Heritage Christian Services (HCS) Legacy Society honors and recognizes the generosity of those who have chosen to leave a legacy to HCS through their estate or financial planning. A legacy gift to HCS will benefit future generations of children and adults with intellectual and developmental disabilities—helping them to fulfill lives of endless possibility.

The information you provide on this form will ensure your legacy gift will be used as intended and enable us to keep you informed of any legal and/or tax changes that may affect your gift. This is not a legally binding document and can be changed or revoked at any time.

Your Name(s):			
Mailing Address:	City:	State:	Zip:
Phone(s):	_Email(s):		
Birth Date(s):			
<ul> <li>I/We have formalized my/our legacy plans and have</li> <li>Will or Living Trust</li> <li>Charitable Gift Annuit</li> <li>Charitable Trust</li> <li>Retirement Plan Benefic</li> <li>This gift is a percentage%</li> </ul>	y 🗖 Life Insurance Bene iary 🗖 Other, Please Spe	ficiary 🗖 Gift o	
<ul> <li>Please tell us more about your gift intentions:</li> <li>I/We have planned this gift in honor/memory of s</li> <li>Yes, you may list my/our name(s) publicly as Legarecognized:</li> </ul>	icy Society member(s). Pl	ease list how y	ou would like to be
Your Signature(s):	[	Date:	
Signature 2:	[	Date:	

For our records, we would appreciate receiving a copy of the relevant pages of your bequest or trust provision that refers to Heritage Christian Services Foundation (Tax ID #16-1318395) so that we may properly record and preserve your gift intentions. All materials provided will be kept confidential.

Please return this form and accompanying documents to Danielle Pierleoni, Legacy and Leadership Giving Manager, at: Heritage Christian Services Foundation, 275 Kenneth Dr Ste 100, Rochester, NY 14623. Please contact Danielle with any questions: (585) 340-2068 or <u>Danielle.Pierleoni@HeritageChristianServices.org</u>.