



**STATEMENT OF ESTATE PLANS**

*Planned gifts to Talbot Hospice help ensure that we can continue to serve patients and families during their end-of-life journey*

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**I have made provision for Talbot Hospice in my estate as follows:**

*Estimated Amount of the Current Value of your Gift*

Fixed dollar amount as an outright gift in: \$ \_\_\_\_\_

\_\_\_\_\_ My will or trust

\_\_\_\_\_ Surviving spouse or partner's will or trust

Percentage (\_\_\_\_%) for Talbot Hospice of the residue clause of a \$ \_\_\_\_\_

\_\_\_\_\_ Will

\_\_\_\_\_ Revocable Trust

Percentage (\_\_\_\_%) remainder for Talbot Hospice in a Charitable Trust \$ \_\_\_\_\_

Other, please check if applicable: \$ \_\_\_\_\_

\_\_\_\_\_ Contingent provision to take effect if other beneficiaries predecease me

\_\_\_\_\_ Beneficiary of a paid up life insurance policy

\_\_\_\_\_ Gift of real estate

\_\_\_\_\_ Personal property, including art, personal collections, etc.

***Designation: Unless otherwise specified, planned gifts will go to the general endowment.***

***Public Recognition:*** May we publicly honor you as a member of the Talbot Hospice Legacy Society so that others may be inspired to give through your example? \_\_\_\_ Yes \_\_\_\_ No

Would you be willing to share your personal story in one of our publications? \_\_\_\_ Yes \_\_\_\_ No

Attachments or letters that further describe the nature of the above provision(s) are welcome.

By signing this form, I am informing Talbot Hospice that the above provisions are in effect as of this date; however, there is no binding pledge intended or assumed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return to: Talbot Hospice, 586 Cynwood Drive, Easton, MD 21601