



Planned Giving Commitment Form

Thank you for your intention to include Concord Regional VNA in your estate plan. Please complete this form with as much detail as you're willing to share. Any information about your gift will remain confidential.

Name: _____

Address: _____

Phone: _____ Email: _____

I wish to remain anonymous

Type of Planned Gift: (optional)

- | | |
|--|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Retirement Plan Beneficiary | <input type="checkbox"/> Life Insurance Policy Beneficiary |

Purpose of Planned Gift:

Unrestricted gift to provide maximum flexibility to Concord Regional VNA and its Board of Trustees to designate funds to where the need is greatest.

Restricted to a specific purpose: (please identify) _____

Please provide any other details you wish to share (including amount of bequest and attach the relevant portion of the instrument):

(all information is kept confidential and used for internal planning purposes only)

Signature: _____ Date: _____

Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors.

Concord Regional VNA is a tax-exempt non-profit organization. Tax Identification number: 02-0222122

Thank you for leaving a lasting legacy for Concord Regional VNA!

Please return this form and any attachments to:

Concord Regional VNA 30 Pillsbury Street, Concord, NH 03301 Attn: Director of Donor Relations