



## HOPE SOLUTIONS LEGACY SOCIETY FORM

### Make a gift that lasts beyond a lifetime.

At Hope Solutions, we are working to end homelessness. Our housing-first approach, coupled with supportive services, brings dignity to our clients and helps them rebuild their community. Our data-backed and proven model of support is grounded on quality permanent housing and individualized services.

I/We wish to provide a planned gift of support to Contra Costa Interfaith Housing (CCIH). I/We have made a provision for a gift to CCIH through my/our estate plans. It is my/our intention to leave a planned gift through my/our:

- Bequest through Will or Trust
- Retirement Plans
- Life Insurance Policy
- Other \_\_\_\_\_
- Beneficiary Designation
- Trust
- Gift of Real Estate

I/We would like to inform CCIH, for long-term planning purposes, that, as of this date, the value of my/our gift approximately \$ \_\_\_\_\_ or \_\_\_\_\_ percentage of my/our estate.  
*(Optional Information)*

I/We understand that, by stating an amount, my/our estate is not legally bound by this statement and at any time I/we may choose to add, subtract, or revoke CCIH as a beneficiary of this planned gift.

- I/We are updating our existing CCIH Legacy program information.
- You may publish my/our name(s) as a CCIH Legacy member.
- Please consider this to be an anonymous gift.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

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



**HOPE SOLUTIONS LEGACY SOCIETY FORM**

**Legal Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Executor/Trustee/Administrator Information:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Executor/Trustee/Administrator Information:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

*Please attach any supporting documentation and/or copies, if possible.*

*(for Hope Solutions purposes)*

Trustee Assignment: \_\_\_\_\_ Data Base Entry Date: \_\_\_\_\_