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.

MY/OUR PLANNED GIFT

I/We have included Hope Solutions in my/our estate plans through the following *(check all that apply)*:

- ☐ Bequest in my/our will
- ☐ Gift through my/our living trust
- ☐ Beneficiary of a retirement account (IRA, 401(k), 403(b))
- ☐ Beneficiary of a life insurance policy
- ☐ Beneficiary of a bank or brokerage account (payable/transfer on death)
- ☐ Gift of real estate

Other: _____

Approximate value of my/our gift *(optional, for planning purposes only)*:

$ _____ or _____ % of my/our estate _____

My/Our gift is intended to support:

- ☐ Hope Solutions' greatest needs
- ☐ A specific program (please talk with us first)

Program or purpose: _____

In honor or memory of (optional): _____

I/We understand that this form is a statement of intent, not a legally binding commitment, and that I/we may change or revoke this gift at any time.

RECOGNITION

- ☐ Please list my/our name(s) as a Hope Solutions Legacy Society member, as follows:

Name(s) as listed: _____

- ☐ Please keep my/our gift anonymous.
- ☐ I/We are updating information I/we previously gave Hope Solutions.

DONOR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate phone: _____

Email: _____ Alternate email: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

ADDITIONAL INFORMATION (OPTIONAL)

This information helps us honor your wishes and work smoothly with your representatives when the time comes. Please share only what you are comfortable with. Everything you share is kept confidential.

Legal or Financial Advisor

Name: _____ Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate phone: _____

Email: _____

Executor / Trustee #1

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate phone: _____

Email: _____

Executor / Trustee #2

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Alternate phone: _____

Email: _____

☐ Hope Solutions may contact my/our advisor or executor/trustee about this gift if needed.

If you are comfortable doing so, please include a copy of the section of your will, trust, or beneficiary designation that names Hope Solutions.

Please return this form to:

Hope Solutions, Attn: Development Team
399 Taylor Blvd, Suite 115, Pleasant Hill, CA 94523
Questions? Debbie Purcell · 925-448-2004 · dpurcell@hopesolutions.org

For Hope Solutions use only

Date received: _____ Trustee assignment: _____ Database entry date: _____

Hope Solutions is the operating name of Contra Costa Interfaith Transitional Housing, Inc., a California nonprofit public benefit corporation, tax-exempt under Internal Revenue Code section 501(c)(3). EIN 91-1797391.