



The Legacy Council Statement of Intent

The Legacy Council, established in 1993, recognizes persons who have chosen to create a planned gift to Bridgewater HealthCare Foundation, Inc. Your generosity will make a tremendous difference in the lives of our current and future residents. Planned gifts demonstrate your commitment to the mission of Bridgewater Retirement Community and compassion for older adults, as well as inspire others to make a gift towards a great cause.

Name(s): _____

Address: _____
Street City State Zip

Email: _____ Phone: _____

Date(s) of Birth: _____

Name(s) as you would like listed for publication: _____

I/We wish to remain anonymous; do not publish my/our name(s).

PLANNED GIFT INFORMATION:

- Bequest through Will or Living Trust
- Life Insurance Beneficiary
- Other _____
- Charitable Gift Annuity
- Retirement Plan Beneficiary

GIFT DESIGNATION (amount or percentage):

_____ Annual (Unrestricted) Fund _____ Spiritual Life Endowment Fund
_____ Forever Family Endowment Fund _____ Other: _____

To best ensure that we are able to carry out your wishes and so that we may acknowledge your generosity, it is helpful for us to receive any of the following: a copy of the relevant portion(s) of the legal document(s) in which your gift is made, a letter from your legal or financial advisor that describes your gift, or a description of your planned gift below.

Expected/intended amount of gift \$_____ (optional – this is not required, but helpful for our planning). The amount of your gift always remains confidential.

Signature

Date

Signature

Date

*This form is non-binding and does not constitute a legal promise of any future donation.
Please direct any question and/or return this completed form to:
Carrie Budd, VP of Development and Community Relations
302 North Second Street, Bridgewater VA 22812
540-828-2550 / cbudd@brcliving.org*