

# 1940 SOCIETY

B E N E F I T I N G



Carolinan HealthCare Foundation

I/We are pleased to inform you of a planned gift to benefit Carolinas HealthCare System. I understand that this commitment is revocable and can be modified at any time.

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Name

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Address

City

State

Zip

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Phone

Email

**Type of Gift:**

**Current Value** (optional):

**Gift by Will**

\$ \_\_\_\_\_

Outright bequest     Residual bequest ( \_\_\_\_ % of my estate)

**Gift of Property**

\$ \_\_\_\_\_

Please describe: \_\_\_\_\_

**Designation of Retirement Plan Assets**

\$ \_\_\_\_\_

**Designation of Life Insurance Policy**

\$ \_\_\_\_\_

**Charitable Trust**

\$ \_\_\_\_\_

Irrevocable     Revocable

**Other**

\$ \_\_\_\_\_

Please describe: \_\_\_\_\_

**Fund/Facility:** \_\_\_\_\_

(for which gift is designated)

Special gift instructions (optional): \_\_\_\_\_

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I/We are happy to be recognized for our legacy gift as members of the *1940 Society*.

I/We would like our legacy gift to remain anonymous.

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**Signature**

**Date**

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**Signature**

**Date**