



# Neighborhood Health Clinic

## The Legacy Society

**The Legacy Society is comprised of members who have included the Clinic in their estate plan. The Legacy Society understands and supports the philanthropic opportunities that exist to sustain, in perpetuity, the future of the Neighborhood Health Clinic while creating a family legacy.**

**As a member of the Legacy Society, I acknowledge the following:**

1. I have included a gift to the Clinic in my will or have named the Clinic as a charitable beneficiary in a charitable planning vehicle (such as a charitable remainder trust.)
  2. The Clinic will list my name as a member of the Legacy Society in its various publications.
  3. The Clinic will not disclose any details of my deferred or planned gift to any outside parties other than naming me as a member unless I give them explicit authorization to do so under a separate agreement.
- I/We would be pleased to be acknowledged as a member(s) of the Legacy Society.
- I/We agree that our name(s) may be publicly recognized in connection with this intention (print and electronic media).
- I/We agree that the amount of our gift may be publicly recognized in connection with this intention (print and electronic media).
- I/We wish to remain anonymous

I have designated these assets to the Neighborhood Health Clinic:

- Without restriction
- Restriction for the purpose of: \_\_\_\_\_

A copy of the estate plan document  is  is not attached.

I understand this document is not legally binding and that I may revoke my inclusion in the Legacy Society at any time.

Signed \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Printed Name

\_\_\_\_\_  
Donor Printed Name