



GIFT of LIFE
Family House



Planned Giving Declaration of Intent & Membership Application Form

The Gift of Life Family House **Legacy Society** is a society that recognizes all those who have included Gift of Life Family House in their long-term plans through a bequest provision in their will or trust, a life-income gift or other deferred gift. Please fill out the form below to apply for membership. We look forward to welcoming you as a member of the **Legacy Society**.

Date: _____

Contact Information:

Name Mr. Mrs. Ms. Dr.] _____

Date of Birth ____/____/____ (please print)

Spouse Name Mr. Mrs. Ms. Dr.] _____

Date of Birth ____/____/____ (please print)

Primary Address _____

City/State/Zip _____

Email _____ Phone _____

Bequest Information:

___ **I/we have included Gift of Life Family House in my/our will.**

Please tell us more about your estate provision for Gift of Life Family House:

A specific bequest of \$ _____

A percentage bequest of _____%. Estimated value \$ _____

Other (describe): _____

over please

Planned gifts can take many forms. Please use this section to let us know if you have made additional plans to support Gift of Life Family House:

I/we have made arrangements for Gift of Life Family House for the following:

- A Life Insurance Policy.
- A Qualified Retirement Plan (IRA, 401k, 403b)
- Charitable Remainder Unitrust or Annuity Trust
- Testamentary Charitable Lead Trust

In the approximate amount of \$ _____ Percentage of estate _____

Other (please describe) _____

Please complete remainder of form below.

Documentation

Yes, I/we will share a copy of the portion of my/our estate document that names Gift of Life Family House as a beneficiary.

Other information Gift of Life Family House should know about my/gift:

Membership Authorization and Release

As a member of the Legacy Society, your gift will be acknowledged right away and you will be enrolled in our recognition activities. **(specific gift amounts will be kept confidential)** If you prefer, your gift can remain anonymous. Members who make bequests of \$10,000 or more will also have their names added to our special Legacy Society Wall in the Family House living room.

Yes! Please publish our name(s) as follows: _____

I/we prefer that our names not be published and would like to remain an Anonymous Member of the Legacy Society.

I authorize Transplant House d/b/a Gift of Life Family House and its designated affiliates to use, disclose and publish my/our name(s) as listed above in connection with the Family House Legacy Society dedication and Legacy Society wall for the purposes of awareness, development, research and promoting the mission of Gift of Life Family House and organ and tissue donation. I understand this may include, without limitation, descriptions, excerpts (edited and unedited) and/or images in publications, social media, websites and/or audio-visual presentations. I hereby release Gift of Life Family House and its designated affiliates of all rights I may have in connection with such use. I/we understand that any disclosure carries with it the potential for an unauthorized re-disclosure and may not be protected by federal or state confidentiality laws. This authorization does not expire.

Name: _____

Signature: _____ Date: _____

**Please return this form to: Gift of Life Family House, Attn: Sara Cohen, Development Manager
401 Callowhill Street, Philadelphia, PA 19123 -or- fax to: 267-546-9802**

The official registration and financial information of Transplant House d/b/a Gift of Life Family House may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.