

LEGACY CIRCLE PLEDGE

Thank you for considering a gift to Asian Health Services in your estate plan. To help us accurately honor your intentions, please take a moment to complete this form. It's non-binding and can be updated at any time.

*We recommend you seek the advice of a qualified estate planning professional to best achieve your charitable giving goals as well as to fully realize potential tax benefits

DONOR INFORMATION

Name(s) _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

GIFT INFORMATION

It is my/our intent to leave a gift to Asian Health Services through my/our:

- | | |
|---|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Retirement Plan Assets |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Other _____ |

The estimated value of my/our future estate gift is: \$ _____

GIFT DESIGNATION

- Unrestricted | Asian Health Services' Greatest Needs
- Restricted | Capital & Expansion

GIFT ACKNOWLEDGEMENT

Please publish my/our name(s) in the Legacy Circle member listing as:

I wish to remain anonymous.

Donor signature

Date

Donor signature

Date