

MEMBERSHIP FORM

LEGACY OF CARE SOCIETY



In recognition of my/our strong belief and confidence in the work of Goodness Village, I/we confirm that I/we have made a bequest or other planned gift to the organization through my/our estate.

Donor First Name(s)

Donor Last Name

Address :

City :

State :

Zip Code :

Phone :

Mobile Phone :

E-Mail :

DONATION INFORMATION

I/we have made a provision for Goodness Village in my/our estate plans to support the mission of the organization to provide affordable apartment housing in Little Rock, AR for patients and their families who require outpatient medical treatment: (Please check as many as apply.)

- A stated gift in my/our will or living trust
- A percentage of my/our estate or residual estate
- As beneficiary or partial beneficiary of the asset indicated below:

IRA or other retirement plan

Donor Advised Fund

Life insurance policy

Other asset _____

I/we request the funds be used for the following:

Unrestricted support

Family Support Fund

Estimated value of gift to Goodness Village: \$ _____

I/we wish for my/our membership in Goodness Village's planned giving society to remain anonymous.

I/we may be recognized in publications for my/our membership in Goodness Village's planned giving society.

Date _____ Signature _____

This form is non-binding and does not constitute a legal promise of any future donation to Goodness Village.

Please return this form to: Goodness Village, 11610 Pleasant Ridge Road, STE 103-174, Little Rock, AR 72223