



- I have left a gift to Project HOPE in my will or trust or by beneficiary designation to help create a world where everyone has access to the health care needed to reach life's full potential.

Name: _____

Address: _____

Phone: _____ Email: _____

Step 1: Please tell us more about your gift and your wishes:

Project HOPE recognizes that most future gifts permit you to change your beneficiaries at any time. Understanding that the particulars of your gift may change, we hope you will share additional information about your gift. We will keep this information strictly confidential.

- My gift to Project HOPE will be via one or a combination of the following:
- A gift in my will or trust
 - A percentage of an IRA or other qualified retirement plan
 - A beneficiary of a life insurance policy
 - A beneficiary of a charitable remainder trust
 - A beneficiary of all or a percentage of funds remaining in my donor-advised fund
 - Other: _____

If you are comfortable sharing your gift information, please share below:

- Specific amount: \$ _____
- Percentage of my estate: _____ % estimated to be: \$ _____

It is especially helpful to have a copy of the portion of your will or trust or beneficiary designation form that pertains to your gift to Project HOPE. We will keep this information strictly confidential.

- Please check this box if you are attaching documentation for our files.

Step 2: In recognition of your generosity and with your permission, we would like to include your name in various Project HOPE printed and online publications (e.g., our annual report). Please indicate below how you wish to be recognized.

Please list my/our name(s) as:

I prefer not to be listed.

Testimonials from Legacy of Hope members are one of the best ways of encouraging other Project HOPE supporters to take a similar step. If you would like, would you share a short statement of why you chose to support Project HOPE in this meaningful way?

Thank you!

Please return this form to:

Abby Henson
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