

Please print and return to:

Development Director
Livingston Memorial VNA
1996 Eastman Ave., Suite 101, Ventura, CA 93003

**LIVINGSTON LEGACY SOCIETY
Statement of Intent**

It is my/our intention to make an estate gift to Livingston Memorial Visiting Nurse Association. The purpose of this gift is to perpetuate the availability of home health and hospice care for all Ventura County residents regardless of their ability to pay.

The gift will be made as follows:

- | | |
|--|--|
| <input type="checkbox"/> Living Trust or Will Provision | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Retirement Assets |
| <input type="checkbox"/> Insurance Policy | <input type="checkbox"/> Retained Life Estate |
| <input type="checkbox"/> Certificates of Deposit or other securities | |

Complete your name(s) as you want them to appear in all recognition.

Name(s) _____

Please do not list my name as I/we wish to remain anonymous.

Name (please print) _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

By completing and returning this form you become eligible to receive all current and future benefits entitled to Livingston Legacy Society donors (newsletter, annual report and donor wall recognition, exclusive invitation to an annual donor appreciation event, etc.). Benefits are subject to change. I understand I may modify or revoke this document and that it is not a legal obligation binding me or my estate

Signature _____ Date _____