

LEGACY CHALLENGE ENROLLMENT FORM

As a supporter of the mission of Virginia Hospital Center, I/We accept membership in the Arlington Legacy Society. I/We have arranged an estate gift as a:

- | | |
|--|--|
| <input type="checkbox"/> Bequest in my will or living trust | <input type="checkbox"/> Charitable Remainder Trust or Charitable Lead Trust |
| <input type="checkbox"/> Beneficiary Designation of: | <input type="checkbox"/> Other (<i>please specify</i>): _____ |
| <input type="checkbox"/> Retirement Plan | |
| <input type="checkbox"/> Donor Advised Fund | |
| <input type="checkbox"/> Life insurance | |
| <input type="checkbox"/> Bank account or
Investment account | |

I understand that I/We will remain active in the **Arlington Legacy Society** as long my/our gift plan remains in place. I/We will notify Virginia Hospital Center Foundation if my/our plans change.

Amount of bequest. My/Our future gift for Virginia Hospital Center is:

- _____% percentage of the estate arrangement identified above and worth approximately: \$ _____ I/We prefer to keep the value private at this time
- Identified as a specific amount of: \$ _____
- Contingent and depends on the prior death of a spouse, partner or child.

Direct Matching Funds to the Areas Checked Below:

- Cardiology Trauma & Emergency Medicine Cancer Care Women's & Infant Health

Documentation Checklist

Documenting your bequest allows us to better steward your future gift and personally express our gratitude to you now. It also solidifies your lifelong relationship with Virginia Hospital Center that will ultimately be made permanent by the legacy you leave. And it ensures that your wishes are fulfilled.

- A copy of the portion of the will, trust document or beneficiary designation form referencing the bequest gift to Virginia Hospital Center.
- The document's signature page

Personal Information

Name(s): _____

*(As you wish it to appear in Foundation Publications and on the **Philanthropy Wall of Honor** in the Hospital's Waterfall Atrium)*

I/We wish to remain anonymous.

Preferred Contact Telephone: Cell Home Business # _____

Preferred Email: _____

Signature:

(Donor's Name)

Date: _____

(Donor's Name)

Date: _____

Please return this form to:

Virginia Hospital Center Foundation
1701 N. George Mason Drive | Arlington VA 22205
Attn: Barbara Bush, Director of Philanthropy

For more information contact:

Barbara Bush, Director of Philanthropy
bbush@virginiahospitalcenter.com | 703.717.4436

Tony Burchard, Foundation President
aburchard@virginiahospitalcenter.com | 703.717.5563

The **Arlington Legacy Society** was established to honor individuals and families like you who have planned for us as part of their future.

As a member of the Arlington Legacy Society you will receive the following:

- Recognition on Virginia Hospital Center's *Philanthropy Wall of Honor* located in the Waterfall Atrium.
- Special invitations to attend Virginia Hospital Center Foundation events.
- Complimentary parking at Virginia Hospital Center.