



Legacy Giving Program for Care
Partners Notice of Bequest

If you have included Care Partners in your estate plans, you can help us make sure we appropriately steward your donation by completing the following information. Please know that anything you share with us is kept confidential and will not be shared with any external sources. We are profoundly grateful for your support, and also want to remind you that you can always change your mind regarding your gift or the gift amount.

Personal Information

Name:

Spouse (if applicable):

Address:

City, State, Zip:

Primary Phone:

Alternate Phone:

Primary Email:

Alternate Email:

Birth date:

Spouse's birth date (if applicable):

I wish to share my intention to include Care Partners as a beneficiary of my:

- Will or Trust
- Insurance policy
- Retirement plan
- Other

The purpose of my gift is to support

- Areas of greatest need (unrestricted)
 - Charity care for individuals/families
 - Complementary therapies (art, music, pets, massage)
 - A memorial garden (funding and/or land)
 - A hospice house for those without family caregivers (funding and/or land/and/or suitable home)
- If you have any questions before making your designation, please call:

Christa Nicholas, Director of Community Partnerships

or

Andy Kyler, CEO

503.648.9565

We would be delighted to speak with you.

Recognizing your Generosity

Care Partners has established “The Grove” to honor those who have made planned gifts to enable the continuation of our mission into the future. As a member, you may be acknowledged in our annual report and receive invitations to special events. Please let us know how you wish to proceed:

- Yes, please include me as a member in The Grove
- Include me as a member, but I prefer to remain anonymous in any published listing
- I do not want to be contacted for Grove events

Signature:

Date:

I understand that this document is an expression of intention, not a legal obligation binding on me or my estate.

Care Partners
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