



HEALING TRANSITIONS

ENDOWMENT

I/We have included Healing Transitions in my/our estate plans. I/we understand that this commitment is revocable and can be modified at any time.

Name Date

Address City State Zip

Email Phone

I/We prefer our gift to be allocated as stated below. Percentages must total 100%.

If you are unsure how you would like your gift to be used, please contact our Board of Trustees Chair by sending an email to endowment@healing-transitions.org.

_____ % to the Healing Transitions Endowment Inc.

_____ % to the Healing Transitions Inc. Annual Operating Fund

_____ % for the specific purpose of _____

Type of Gift

☐ Will or Living Trust ☐ IRA or Retirement Account

☐ Life Insurance ☐ Other Financial Account

☐ Real Estate or Property

☐ Other (please specify) _____

My future gift is

☐ _____ % of my estate with an approximate value of: \$ _____

☐ In the specific amount of: \$ _____

☐ Other (please specify) _____

Donor Recognition Choices

- ☐ I/We wish to remain anonymous, please do not list our names in any publications.
 - ☐ I/We would like to be listed as supporters of the Healing Transitions Endowment. Please list my/our name(s) as:
-

Signature

Date

Second Signature (if applicable)

Date

PLEASE RETURN THIS FORM BY MAIL OR EMAIL TO:

Healing Transitions c/o Chris Budnick
1251 Goode Street | Raleigh, NC 27603
cbudnick@healing-transitions.org

Healing Transitions is a registered 501(c) non-profit. EIN # 56-2135246.

Thank you for leaving a
Legacy of Recovery!