

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						
Phone	Nar	me				Date
Phone						
If 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 emit 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: S	Adc	dress		City	State	Zip
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				gift to be used, please contact our Board o	f Trustees C	hair by sending an email
% for the specific purpose of Type of Gift Will or Living Trust		% to the Healing Transitions	End	owment Inc.		
Type of Gift Will or Living Trust		% to the Healing Transitions	Inc.	Annual Operating Fund		
□ 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: \$		% for the specific purpose o	f			
□ Life Insurance □ Other Financial Account □ Real Estate or Property □ Other (please specify) □ My future gift is □	T_{\cdot}	ype of Gift				
□ Real Estate or Property □ Other (please specify) My future gift is □% of my estate with an approximate value of: \$ □ In the specific amount of: \$		Will or Living Trust		IRA or Retirement Account		
Other (please specify) My future gift is % of my estate with an approximate value of: \$		Life Insurance		Other Financial Account		
My future gift is □% of my estate with an approximate value of: \$ □ In the specific amount of: \$		Real Estate or Property				
□% of my estate with an approximate value of: \$ □ In the specific amount of: \$		Other (please specify)				
□% of my estate with an approximate value of: \$ □ In the specific amount of: \$						
□ In the specific amount of: \$	N	Iy future gift is				
		% of my estate with an a	appro	oximate value of: \$		
□ Other (please specify)		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