

Planned Gift Notification Form

Thank you for your future gift commitment to Arlington Free Clinic!

Remembering the Clinic through a planned gift ensures that our patient programs will remain viable for years to come while advancing your own financial plan. Our work in the community can be a part of your legacy as much as it is a part of ours.

We want to recognize all those who have a bequest in their will or estate plan. If you have made a commitment, please fill out the following information so we may honor your gift.

Your Name: _____ Birthdate: _____

Name of Joint Donor: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

GIFT DETAILS

I/We confirm Arlington Free Clinic named as a beneficiary of my/our:

- Will Living Trust Revocable Trust
 Retirement Plan / IRA Life Insurance Beneficiary
 Charitable Remainder Trust Charitable Lead Trust
 I/We intend to include Arlington Free Clinic in my/our estate plans.

Please add any other details you wish to share: _____

I/We anticipate our future gift will be valued at approximately (optional): _____

Your information will be kept strictly confidential and used for planning purposes only.

**This is not a legally binding document and does not constitute a promise of any future donation. We understand your estate plans may change.*

Signature: _____ Date: _____

PLEASE RETURN TO:

Arlington Free Clinic, C/O Alicia Nieves, 2921 11th Street S., Arlington, VA 22204

For more information, visit www.arlingtonfreeclinic.org/plannedgiving