



Charitable Giving Office
6000 Riverside Drive, 2nd Floor
Dublin, Ohio 43017

Office: (614) 734-2151
Fax: (614) 764-7466
E-mail: betsyg@fvdublin.org
www.fvdublin.org

Legacy Society Commitment Form

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

E-mail Address: _____

- I/We wish to be referred to as _____ in any donor recognition materials.
Include my spouse _____ as a member. Date of Birth _____
I prefer to remain anonymous and do not wish to be recognized publicly at this time.

I/We are pleased to acknowledge that I/we have named Friendship Village of Dublin as a beneficiary in my/our:

- Will/Living Trust
Retirement Plan
Life Insurance Policy
Donor Advised Fund
Charitable Remainder Trust
Charitable Gift Annuity
Other _____

With a Gift Value of:

- _____ for Friendship Village of Dublin
_____% of my/our estate, currently valued at \$_____ for Friendship Village of Dublin
_____% of my/our retirement plan/life insurance, currently valued at \$_____ for Friendship Village of Dublin

Please find attached a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. (optional)

My/Our Gift is designated to

- Area of Greatest Need
Residents' Benevolent Fund
Friendship Village of Dublin Scholarship Fund
Rea & Genell Secrest Health Services Fund
Capital Projects Fund
Community Enrichment Fund
Please contact me to discuss options

Donor Signature: _____ Date: _____

Donor Signature*: _____ Date: _____

*Second signature is only required if gift is payable upon the death of the survivor of you and your spouse.