



## Palm Health Foundation Legacy Society

Better Health for Future Generations

*The Palm Health Foundation Legacy Society is a special group of individuals making a lasting commitment to the future well-being of Palm Beach County Communities through bequests, wills, and other planned gifts.*

### Donor Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

### Information on How Palm Health Foundation Should Acknowledge Your Gift:

I give Palm Health Foundation permission to:

List my name as part of the Legacy Society \_\_\_\_\_ (initial here) and please recognize me/my family as:

I prefer to remain anonymous. \_\_\_\_ (initial here)

### Gift Information

It is my intention to better health for future generations in Palm Beach County with a gift Foundation through (please check one):

☐ My will    ☐ My trust agreement    ☐ My retirement fund    ☐ Other \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % (indication of amount or percentage is optional)

I wish my gift to benefit (please check one):

☐ Fund at the Palm Health Foundation (please note): \_\_\_\_\_  
☐ Palm Beach County Organization (please note): \_\_\_\_\_  
☐ Other (please note): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This form is non-binding. We understand that bequests are revocable, and your estate plans may change. Please return this form to the address below: Attn: Carrie Browne or by email to: [carrieb@phfabc.org](mailto:carrieb@phfabc.org).*