



Legacy Giving Program for Care Partners  
Notice of Bequest

If you have included Care Partners in your estate plans, you can help us make sure we appropriately steward your donation by completing the following information. Please know that anything you share with us is kept confidential. We are profoundly grateful for your support!

**Personal Information**

Name:

Spouse (if applicable):

Address:

City, State, Zip:

Primary Phone:

Alternate Phone:

Primary Email:

Alternate Email:

Birth date:

Spouse's birth date (if applicable):

I wish to share my intention to include Care Partners as a beneficiary of my:

- Will or Trust
- Insurance policy
- Retirement plan
- Other (please specify) \_\_\_\_\_

The purpose of my gift is to support

- Areas of greatest need (unrestricted)
- Care for uninsured individuals
- Complementary therapies (art, music, pet, massage etc)
- Caregiver or grief support groups
- A hospice house for those without family caregivers
- Other – please specify \_\_\_\_\_

For any questions or to discuss your designation, please call Christa Nicholas, Director of Community Partnerships or Tracy Villarreal, CEO at (503) 648-9565. We would be delighted to speak with you.

### **Recognizing your Generosity**

Care Partners has established “The Grove” to honor those who have made planned gifts to enable the continuation of our mission. As a member, you may be acknowledged in our materials and receive invitations to special events. Please let us know how you wish to proceed:

- Yes, please include me as a member in The Grove
- Include me as a member, but I prefer to remain anonymous in any published listing
- I do not wish to be contacted for Grove events

Signature:

Date:

*I understand that this document is an expression of intention, not a legal obligation binding on me or my estate, and that I am free at any time to revoke or change my gift amount.*

Care Partners  
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