



CONFIDENTIAL ENROLLMENT FORM

In consideration of the impact that Hillcrest has on the lives of young people and families, I/we have made provision for a gift to Hillcrest in my/our estate plan. Understanding that the Hillcrest Directors have established the Planned Giving Society to recognize individuals who made such a commitment, I/we are pleased to authorize Hillcrest to include me/us as a member of the Planned Giving Society.

Please print or type

Title Name Name of Spouse

Date of birth Spouse Date of birth

Address

City State Zip Code

Name (s) for recognition purposes

Daytime Phone Evening Phone

(Please include area code with telephone numbers)

E-Mail Address

Relationships with Hillcrest Youth Services

- Board of Directors (current or past)
Parent/Grandparent
Volunteer
Client (current or past)
Friend
Other
Staff

Gift Information

I/we qualify for The Planned Giving Society through the following planned gift:

- Bequest (or Living Trust)
Charitable Remainder Annuity Trust
IRA/Retirement Plan Beneficiary
Dollar amount
Charitable Remainder Unitrust
Gift of Residence or Farm with Retained Life Estate
Stock or property
Deferred Charitable Gift
Charitable Lead Trust
Percentage bequest
Annuity
Life Insurance Policy
Residuary bequest
Charitable Gift Annuity

OPTIONAL: Please indicate the approximate current market value of the planned gift named above: \$ (Will be treated as confidential.)

The gift is: Unrestricted Restricted as follows: I/ we wish to remain an anonymous member of Hillcrest Planned Giving Society.

Signature: Date:

Reported by: Date:

Title/Position

Email completed form to wardj@southwestern.org or mail to address above.