

CONFIDENTIAL BEQUEST FORM

Thank you for your generous bequest commitment to Moore Free & Charitable Clinic. Your legacy gift will help us plan for the future as we work to make Moore County a healthier home for all. Please take the time to fill out this form so we can better understand your intentions for your gift. The information you provide is not legally binding, and we understand that you may wish to change your gift in the future.

**Questions?** Email Tony Price at [tprice@moorefreecare.org.](mailto:tprice@moorefreecare.org)

Name(s): Year(s) of Birth: Address: Phone: Email:

*You will receive occasional email updates from MFCC. We will not sell, rent, or exchange your email address.*

# About Your Gift

If you are willing to disclose more information about your gift, please check all that apply and estimate the value of each gift in today’s dollars.

* Will: $  Insurance Policy: $
* Revocable Living Trust: $  Real Estate: $
* Charitable Remainder Trust: $  Retirement Plan/IRA: $
* Donor-Advised Fund: $  Other asset(s): $

I/We designate this gift for the following: ☐ Wherever the need is greatest ☐ Dental ☐ Medical

* Dr. H. David Bruton Endowment Fund

# How would you like to be recognized for your gift?

* I/We would like to be listed as (a) Giving Circle member(s), which may include listing my/our gift within a dollar range. Please list my/our name(s) as .

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* I/We wish to remain anonymous for this gift.

# Signature(s):

Date:

Please return this form to Tony Price, Moore Free & Charitable Clinic, 211 Trimble Plant Road, Ste. C, Southern Pines, NC 28387 or email it to tprice@moorefreecare.org.

August 2024