

## Hospice Brazos Valley Living Endowment Inquiry

\_\_\_\_\_ HBV is included in my will, trust, retirement plan or other deferred gift arrangement.

\_\_\_\_\_ I would like to learn more about how my gift plans could impact the mission of HBV.

\_\_\_\_\_ I would like to donate to the HBVLE.  
(Please make check payable to **Hospice Brazos Valley**)

Check # \_\_\_\_\_ or Credit Card Type:

VISA  MasterCard  Discover

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My gift is in Memory of  Honor of

\_\_\_\_\_ Please send an acknowledgement of my gift to (include name & address):

\_\_\_\_\_

\_\_\_\_\_

### **All inquiries are confidential.**

Disclosure of the specifics of your deferred gift plan are optional.

Simply return the attached card or call our offices at (979) 821-2266.

***We thank you in advance for your consideration.***