

LEGACY OF HOPE SOCIETY
INTEREST FORM

TELL US ABOUT YOUR INTEREST IN MAKING A LEGACY GIFT

I have already made the following type of legacy gift to Victory Programs:

Bequest in Will Retirement Plan Beneficiary Other: _____

Have you restricted your gift for a specific program? Yes No

If so, please name the program: _____

Do you wish to be recognized as a member of the Future Victories Legacy Society? Yes No

If yes, how would you like your name/s to be listed in Future Victories Legacy Society publications?

I am considering a legacy gift. I would like to speak with a staff member in more detail about legacy giving opportunities and my philanthropic and financial goals.

TELL US ABOUT YOU

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

SIGN AND DATE

I understand this Interest Form is not a legal obligation and may be amended at my discretion.

Signature: _____ Date: _____

*Please complete and return this form to: Shauna Helton, Annual Fund Manager,
Victory Programs, 404 S. Huntington Avenue, Boston, MA 02130, or email it to shelton@vpi.org.*

THANK YOU!