



**Non-binding Notification of Intent  
of a Planned or Estate Gift**

As notification of my future INTENT for Crystal Coast Hospice House, I would like to report that I have planned a gift or estate provision for the benefit of Crystal Coast Hospice House, as described below.

- Bequest via will or personal trust
- Charitable remainder trust
- Life insurance naming Crystal Coast Hospice House as \_\_\_\_ owner and/or beneficiary  
(providing ownership status allows CCHH to determine the correct allocation in our financial records)
- Retirement plan beneficiary designation
- Other \_\_\_\_\_

Crystal Coast Hospice House understands that any value estimated here is subject to change, but I estimate the current value of this provision to be approximately \$ \_\_\_\_\_.

**All parties further understand that this statement and estimate are provided solely to assist Crystal Coast Hospice House with recordkeeping and future giving expectations. THIS IS NOT A BINDING LEGAL OBLIGATION UPON THE DONOR OR THIER ESTATE WITH REGARDS TO THE RECEIPT or VALUE OF THE PROVISION(S) DISCLOSED AND DESCRIBED ABOVE.**

**ALL INFORMATION IS FOR CRYSTAL COAST HOSPICE HOUSE INTERNAL USE ONLY.**

- A copy of the provision is attached or will be sent when it is executed.
- I do not wish any media announcements of this planned gift.
- I am pleased to offer a testimonial for media or other promotional reasons to help you educate our community about planned giving opportunities.

Birth Date (month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Crystal Coast Hospice House Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Charlie Miller, Executive Director

Please return this form to:

Crystal Coast Hospice House  
Attn: Planned Giving  
PO Box 640  
Newport, North Carolina 28570  
Ph: 252.808.2244 email: charlie.miller@cchhnc.org