



## Legacy Circle Form

*If you have made a provision for Health Volunteers Overseas in your will, a trust a life insurance policy or in your retirement plans, please complete this form. It will assist HVO in ensuring your wishes are fulfilled as you intend. If you have any questions, please contact HVO at [n.kelly@hvousa.org](mailto:n.kelly@hvousa.org).*

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**Personal Information (please print):**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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*Please indicate the type of gift:*

Bequest in my will     Life insurance policy     Retirement plan     Other: \_\_\_\_\_

*You are welcome to use this space to share a description of your gift. If you wish to keep the details private, you may leave this space blank. HVO will respect all requests for privacy and anonymity:*

I wish my future gift to be used to support HVO where the need is the greatest

I would like my gift to be used for: \_\_\_\_\_

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Attorney's Name: \_\_\_\_\_

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

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*Legacy Circle members are recognized in the HVO Annual Report. We will honor any request to remain anonymous.*

I would like my future gifts to be anonymous.

I give permission to include my name on your list of Legacy Circle members. I would like to be listed as follows: \_\_\_\_\_

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*Though this notification is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding me or my estate.*

Signature (**required**): \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this form to:*

**Health Volunteers Overseas • 1900 L St, NW • Suite 310 • Washington, DC 20036**

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