PeaceCare LEGACY FUND

GIFT FORM

| Name | | Date of Birth |
|--|-------|---|
| Spouse/Partner Name | | Date of Birth |
| Address | | |
| City | State | Zip |
| Phone | Email | |
| ☐ Gift in my will or living trust | | Approximate Amount of Gift: |
| Retirement plan or IRA designation Bank or brokerage account designation Life insurance policy designation | | Please Recognize My Gift In Honor or Memory Of: |
| Donor-advised fund successionplan Charitable gift annuity | | Restrictedto: |
| Charitable remainder or lead trust Real estate or other asset | | |
| \Box I wish to remain anonymous in the listing | | |

Signature

Date

The Peace Care Legacy Fund recognizes donors that wish to designate a planned gift in honor of Peace Care. If you are comfortable sharing supportive documentation of your gift such a copy of a bequest section with dated signature page, please include with this form. The details on this form as well as any additional information you share with us will remain confidential.

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FEDERAL TAX IDs #: St. Joseph's : 76-0847915 St. Ann's: 22-2823794