Letter of Intent for a Planned Gift

☐ New Intention ☐ Updated Intention

NAME(S)

ADDRESS | CITY | STATE | ZIP

PHONE | E-MAIL

PREFERENCES

I/We wish to provide a planned gift of support and have made a provision for a gift to Health Volunteers Overseas in my/our estate plans. It is my/our intention to leave a planned gift to Health Volunteers Overseas through my/our:

☐ Will or Trust
☐ Charitable Lead Trust
☐ Life Insurance Policy
☐ Retirement Plan/Beneficiary Designation
(401(k) 403(b), IRA, Keogh, Brokerage Account)
☐ Charitable Remainder Trust
☐ Donor Advised Fund Remainder
☐ Other Asset(s) (please describe):

ATTORNEY'S NAME (optional) | PHONE NUMBER

I/We would like to inform Health Volunteers Overseas, for long-term planning purposes only, that, as of this date, the estimated value of my/our gift is ☐ or ☐ 0.00% of my/our estate. I/We understand that my/our estate is not legally bound by this statement and at any time I/we may choose to add, subtract, or revoke Health Volunteers Overseas as beneficiary of this planned gift.*

Gift Purpose:

☐ Unrestricted ☐ Unrestricted Endowment

☐ Other (Please indicate below – briefly describe the program or fund you would like your gift to benefit. If multiple areas, please provide percentages or specific amounts.) *An unrestricted gift allows your donation to go where it is needed most.*

RECOGNITION

Donors who include Health Volunteers Overseas in their estate plans will be enrolled in ***HVO's Legacy Circle*** ☐ Please list my/our name(s) as follows: ☐ I/We prefer no public recognition

NAME | DATE

SIGNATURE | DATE

**Health Volunteers Overseas greatly appreciates notification in the event that you make a change or adjustment to this gift.*

Your Gift Matters

Please help us inspire others to create a lasting legacy through a planned gift to Health Volunteers Overseas by sharing your reasons for giving. Your words may help someone envision the joy of planned giving and decide to make a transformational gift of their own.

I MADE A TRANSFORMATIONAL GIFT TO HEALTH VOLUNTEERS OVERSEAS BECAUSE:

I HOPE THAT MY GIFT:

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 a.pinner@hvousa.org.

Please return this form to: Health Volunteers Overseas • 1900 L St, NW • Suite 310 • Washington, DC 20036
Tel: (202) 296-0928 • www.hvousa.org

Thank you!

1900 L St NW # 310, Washington, DC 20036

Health Volunteers Overseas
Transforming Lives Through Education

Platinum Transparency 2025 Candid.

CHARITY NAVIGATOR 100 OUT OF 100 GIVE WITH CONFIDENCE

BBB ACCREDITED CHARITY give.org