



Dr. Samuel A. Cassell Legacy Society Gift Form

Thank you for your generous gift to Bergen Volunteer Medical Initiative (BVMI). Your charitable estate gift will provide future medical care for working, low-income Bergen County residents who have no health insurance, creating a legacy of care and health for future generations.

ESTATE GIFT CONFIRMATION: CONFIDENTIAL

LEGACY MEMBER NAME DATE OF BIRTH

LEGACY MEMBER NAME DATE OF BIRTH

ADDRESS

CITY STATE ZIP

PHONE E-MAIL

- Gift in my will or living trust
- Retirement plan or IRA designation
- Bank or brokerage account designation
- Life insurance policy designation
- Donor-advised fund succession plan
- Charitable gift annuity
- Charitable remainder or lead trust
- Real estate or other asset
- I wish to remain anonymous in the listing

APPROXIMATE AMOUNT OF GIFT:

NAME OF FINANCIAL INSTITUTION OR IRA CUSTODIAN:

PLEASE RECOGNIZE MY GIFT IN HONOR OR MEMORY OF:

COMMENTS:

Signature Date Signature Date

Amanda Missey, President & CEO Signature: _____ Date: _____

The BVMI Legacy Society:
By making this gift, you become a member of the Dr. Samuel A. Cassell Legacy Society. 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.