Legacy Gift Designation Form



Donor Information:	
Name	Phone Number
Address	
E-mail Address	
Trustee, Executor or Financial Advisor Information:	
Name	Phone Number
Address	
E-mail Address	
What type of Legacy Gift are you designating to Grow	ing Hope Globally?
(Check all that apply. If willing to share, please include t	• .
How would you like Growing Hope Globally to utilize	
☐ Where needed most to support the work of Grov	
☐ For the following purpose:	
Legacy of Hope Society Information Growing Hope Globally would like to gratefully recognized Please indicate your recognition preferences by checking Please list my/our name(s) as:	g all of the following that apply:
☐ I/we wish to remain anonymous.	
	leave a Legacy of Hope so that Growing Hope Globally us.
Signature	Date
Signature	Date

Send completed form to admin@growinghopeglobally.org or 4479 Central Avenue, Western Springs, IL 60558.