Declaration of Bequest Intention

By completing this form, you signify your intention to name Wheeling Health Right, Inc. as a beneficiary of your estate. Wheeling Health Right understands that all bequest provisions are revocable and that any intentions stated here are not binding on you or your estate. We are deeply grateful for your vision and generosity.

I have named Wheeling Health Right as a beneficiary of: (Check as many as apply)

- ☐ My Last Will and Testament
- ☐ Revocable Trust (Living Trust)
- ☐ Retirement Account
- ☐ Charitable Trust
- ☐ Life Insurance Policy
- ☐ Donor Advised Fund
- ☐ Other (please specify) _____

My provision(s) names Wheeling Health Right as:

- ☐ Primary Beneficiary
- ☐ Secondary Beneficiary
- ☐ Contingent Beneficiary

I estimate that the total value of my gift through my estate to Wheeling Health Right will be $_____

If/when this gift is received by Wheeling Health Right, it is my wish that the organization use my gift for the following purpose:

- ☐ General Purposes/Area of Greatest Need
- ☐ Other _____

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date

To facilitate our ability to honor the intentions set forth above, we would greatly appreciate a copy of your Will or Trust (or appropriate sections thereof) for safekeeping in our confidential files. Thank you.

Wheeling Health Right
61 29th Street, Wheeling, WV 26003
304-233-9323