



**Health Volunteers Overseas**  
*Transforming Lives Through Education*

## Legacy Circle Form

*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 [n.kelly@hvousa.org](mailto:n.kelly@hvousa.org).*

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### *Personal Information (please print):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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### *Please indicate the type of gift:*

☐ Bequest in my will    ☐ Life insurance policy    ☐ Retirement plan    ☐ Other: \_\_\_\_\_

*You are welcome to use this space to share a description of your gift. If you wish to keep the details private, you may leave this space blank. HVO will respect all requests for privacy and anonymity:*

☐ I wish my future gift to be used to support HVO where the need is the greatest

☐ I would like my gift to be used for: \_\_\_\_\_

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Attorney's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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*Legacy Circle members are recognized in the HVO Annual Report. We will honor any request to remain anonymous.*

☐ I would like my future gifts to be anonymous.

☐ I give permission to include my name on your list of Legacy Circle members. I would like to be listed as follows: \_\_\_\_\_

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*Though this notification is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding me or my estate.*

Signature (**required**): \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this form to:*

**Health Volunteers Overseas • 1900 L St, NW • Suite 310 • Washington, DC 20036**

**Tel: (202) 296-0928 • Fax: (202) 296-8018 • [www.hvousa.org](http://www.hvousa.org)**