



Christian Living  
COMMUNITIES

## Confidential: Compassion Circle Recognition Form

Thank you for including Christian Living Communities (CLC) in your future gift planning. Through the generosity of Compassion Circle members, CLC will continue enriching the lives of older adults for generations to come. We are deeply grateful to count you among this special group.

### Donor Information

I/We (legal name[s]): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

### Gift Type

I/We are honored to include Christian Living Communities (or a specific community) in our legacy plans through the following (check all that apply):

- ☐ Will or trust
- ☐ Life insurance or retirement plan beneficiary designation
- ☐ Bank or investment/securities account beneficiary designation
- ☐ Entrance-fee refund (community-specific)
- ☐ Other (e.g., charitable gift annuity, charitable trust): \_\_\_\_\_
- ☐ Cash gift (to be distributed by family, POA, or trustee)

**Estimated amount:** \$ \_\_\_\_\_ or \_\_\_\_\_%. A copy of the relevant document or page(s) may be attached (optional).

### Recognition (Check one)

- ☐ Please list my/our name(s) as: \_\_\_\_\_ as a member of the Compassion Circle in internal organizational publications.
- ☐ I/We prefer to remain anonymous. Please list as "Anonymous."
- ☐ I/We prefer to remain anonymous during my/our lifetime(s), but be remembered as \_\_\_\_\_ in perpetuity.

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### Legacy Gift Intent

**Please select the specific community/fund you would like your legacy gift to impact:**

☐ **Where Needed Most** – Used by Christian Living Communities where the need is greatest, at the time the gift is received.

☐ **Community Enhancements** – Supports specific community needs that enrich life for older adults and team members.

Community name: \_\_\_\_\_

### CLC Mission Impact Funds

☐ General Mission – Addresses CLC's most pressing needs and offers the greatest flexibility.

☐ Chaplain Services – Provides chaplain support and scholarships for chaplain interns.

☐ Employee Scholarship Fund – Offers tuition assistance and professional development for team members.

☐ Resident Assistance Fund – Helps residents who, through no fault of their own, have outlived their financial means.

☐ Team Member Critical Needs Fund – Provides emergency help (e.g., housing, transportation, medical expenses).

### Contact for this Gift

Name & Title/Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We will notify Christian Living Communities if any changes are made to the above estate planning provision(s).

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about the Compassion Circle please contact:  
Stephanie Manley, Director of Philanthropy • 720.974.3675 • smanley@clcliving.org  
Please return completed form to Christian Living Communities, Donor Relations

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