

Apple Valley Christian Care Center Legacy Circle

Using Your Will to Serve God

Bequest Form

Please fill out the information below and MAIL TO:
Marsha Soboh, Director of Development
Apple Valley Christian Care Center
Apple Valley, CA 92308

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Phone: () _____ Email: _____

Bequest Information:

I have provided for Apple Valley Christian Care Center Foundation in the following way:

- Apple Valley Christian Care Center Foundation will receive a bequest under a will or living trust.
- Apple Valley Christian Care Center Foundation is named as a primary beneficiary of a retirement plan.
- Apple Valley Christian Care Center is named as a primary beneficiary of a life insurance policy.
- Other: _____

Gift amount (optional) \$ _____

In the event of unforeseen circumstances that require any further changes in the above estate planning provisions, I agree to notify Apple Valley Christian Care Center Foundation of such change.

Signature _____ Date _____

(Please consult with your estate planner, attorney or accountant for individual information pertaining to your life circumstances.)



Apple Valley Christian
CARE CENTER

*11959 Apple Valley Rd.,
Apple Valley, CA 92308
(760) 240-5051*

**Thank you for becoming our partner in the
LEGACY CIRCLE,
where together we will provide residents and
their family members with a spirit of love,
compassion and kindness as we
provide quality services in a Christian
environment to seniors and medically fragile
individuals who want to have the freedom or care
they need while adapting to life's changes.**