



Loving our Neighbors
Making a Difference year after year

DECLARATION OF BEQUEST TO THE FOSTPROOF CARE CENTER

I believe in the work of The Frostproof Care Center. Therefore, I wish to assist Care Center leadership in planning for the future by making them aware of the following:

I have included The Frostproof Care Center in my estate plan in the following way:

Through my trust/will dated:

The approximate **current** value of the gift is estimated at:

\$ _____

Description (optional):

These funds are to be used for:

- The Frostproof Care Center, Inc, with its principal offices at 17 South Scenic Hwy., Frostproof, FL 33843, for use where needed most.

I understand that providing this information does not represent a pledge or binding commitment on my part or that of my estate and that this information will be held in strict confidence to be used only for the planning purposes intended.

Name: _____

Address: _____

Telephone: _____

Sincerely,

Your Signature

Date

Please return to:
Ralph C. Waters
Executive Director
The Frostproof Care Center
17 Scenic Hwy.
Frostproof, FL 33843