



HOSPICE of LENAWEЕ

WHAT IS A LEGACY CIRCLE?

The Legacy Circle is a “Club” of sorts. It recognizes those who choose to leave support to our organization in their will or trust. Hospice of Lenawee would like to acknowledge that support through this Circle, named appropriately after two individuals who made a commitment by choosing our organization as one of their beneficiaries.

The “Frank and Shirley Dick Legacy Circle” will be comprised of those individuals we are aware of that have either made a legacy gift commitment or those individuals from whom we have already received a legacy gift. Their legacy gift will be recognized on our Legacy Circle plaque in our administrative lobby.

Legacy Circle

Frank and Shirley Dick’s love story is somewhat famous in Southeast Michigan and Northwest Ohio. And because of their commitment to doing good, we all seem to share in a piece of it. The impact on our community by the Dicks is not just one of today, but of yesterday, today and tomorrow. And Hospice of Lenawee is fortunate to have felt that impact in every way.

Frank and Shirley were married for 63 years. They were a team in life and continue to be after Shirley’s death in 2010. Together they built their marriage on doing good for others. In fact, Frank is often heard quoting theologian John Wesley, “Do all the good you can.” They both lived by this motto. Growing up in Ohio, they met in first grade. Frank worked his way through 4 careers; first was the military, the second included teaching and as a superintendent in education, the third as the President of Gleaner Life Insurance and his fourth as a volunteer leading and contributing to the missions of numerous organizations throughout Lenawee County. Shirley was a lifetime volunteer, not just active in organizations and clubs, but truly making an indelible mark on those missions that



were close to her heart. Often, they did their good works together, as one unit.

In 2018, we made the decision to create a Circle that would represent a lasting commitment to our mission and, as they epitomize the meaning of “legacy,” we are honored to have the “Frank and Shirley Dick Legacy Circle” become a part of the future of our giving culture at Hospice of Lenawee.



To have a conversation about The Frank and Shirley Dick Legacy Circle or other areas to support, contact Hospice of Lenawee at **517-263-2323** and ask for the **Director of Development**.

We Carry Your Heart In Our Heart



HOSPICE of LENAWEE

MAKING YOUR PLANNED GIVING COMMITMENT

Complete the Planned Giving Commitment Form by filling out the contact information, name as you would like it to appear on the plaque, planned gift and purpose of the planned gift.

For additional questions, please contact Hospice of Lenawee at 517-263-2323 and ask for the Director of Development.



HOSPICE of LENAWEE

1903 Wolf Creek Hwy., Adrian, MI 49221
hospiceoflenawee.org
517-263-2323



HOSPICE OF LENAWEE PLANNED GIVING COMMITMENT FORM

I have included Hospice of Lenawee in my estate plans in recognition of my strong commitment and faith in this organization and its mission.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Date of Birth (DOB) _____ Spouse DOB _____

Name as you would like it to appear on the Frank and Shirley Dick Legacy Circle plaque, in print or online recognition, if so desired:

Name(s) _____

We/I wish to remain anonymous.

PLEASE INDICATE YOUR PLANNED GIFT BELOW:

Life Insurance Policy

Trust

Retirement Plan Beneficiary

Bequest/Will: The following is optional —

I give and bequest the sum of \$ _____ or _____ % of my residuary estate to Hospice of Lenawee to be used in support of its mission.

All information provided will be kept in the strictest confidence and will be used for internal planning purposes only. We understand that you may need to use estimates rather than exact figures.

PURPOSE OF PLANNED GIFT:

Unrestricted gift to provide maximum flexibility to Hospice of Lenawee and its Board of Directors to direct funds toward the greatest needs.

Restricted gift to one or more of the following (if more than one, please provide % for each):

_____ Hospice of Lenawee General Endowment _____ Hospice Heart Endowment (*Indigent Care*)

_____ Kathy Goetz Bereavement Endowment (*Community Grief & Loss Services*)

_____ Hospice of Lenawee Hospice Home

Signature(s): _____ **Date:** _____

Please return this form to: Director of Development, Hospice of Lenawee, 1903 Wolf Creek Hwy., Adrian, MI 49221. Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors. *Hospice of Lenawee is recognized by the Internal Revenue Service as Section 501(c)(3) charitable organizations.*