

KENDAL[®] at Lexington

Together, transforming the experience of aging.[®]

Enclosed is my/our gift of \$ _____ to Kendal at Lexington.

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

_____ I am affiliated with a matching gift company. (Please include form.)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____ Email: _____

Please allocate my gift to the following:

___ Fellowship Fund ___ General Gifts Fund

My gift is

_____ In Memory of: _____

_____ In Honor of: _____

_____ On the Occasion of: _____

Please send acknowledgment to: _____

Please use my gift unrestricted _____ or for (specify purpose) _____

_____ I have included _____ in my estate plans.
Specific Community/Affiliate or Kendal Charitable Funds

_____ Please send me information on bequests and gifts that return lifetime income.

Please Make Check Payable to Kendal at Lexington and Send Donation to:

Kendal at Lexington

160 Kendal Drive | Lexington, VA 24450 | Attn: Philanthropy Office