



David B. Oliver Legacy Society Of the American College of Health Care Administrators

The American College of Health Care Administrators (ACHCA), formerly known as the American College of Nursing Home Administrators was founded on November 7, 1962. The mission of ACHCA as a nonprofit professional membership association is to provide educational programming, professional certification and career development for its members.

Since 1962, the College, through its Academy of Long Term Care Leadership and Development (The Academy), formally known as the ACHCA Foundation, has focused its efforts on improving the competency and skills of long-term care administrators. The David B. Oliver Legacy Society was launched in 2013 to advance the vision of “developing dynamic leaders in the profession of long-term healthcare administration”.

Dr. Oliver spent his career enhancing the credibility of long-term care leaders. He consistently strove for high-quality educational events and the achievement of standards for persons seeking to be the best in their profession. To establish a significant financial base, which will enable ACHCA's leaders to fulfill the organization's mission, individuals who make one or more of the following gifts of \$10,000 or more will be included in the society. Those gifts are:

- ❖ Bequests
- ❖ Gifts of property
- ❖ Beneficiary designations within life insurance policies or retirement plan assets
- ❖ Life estates
- ❖ Charitable lead trusts
- ❖ Charitable gift annuities
- ❖ Charitable remainder trusts
- ❖ Gifts of cash

Through a well-planned charitable gift to ACHCA, one can create a substantial legacy with the aim of ensuring the long-term stability of ACHCA and its desire to strengthen its members and the profession of LTC healthcare administration. Your restricted contribution to ACHCA can be structured to provide benefits to you and your family. Those benefits may include:

- ❖ Minimizing or eliminating gift, estate and capital gains taxes
- ❖ Increasing retirement income
- ❖ Increasing returns from low yielding assets
- ❖ Planning for educational needs

Inasmuch as your action to donate can represent a major commitment to the future success of ACHCA and its Academy, membership as a Society member will enable you to receive the following benefits:

- ❖ Recognition in ACHCA publications (With Your Permission)
- ❖ A beautiful keepsake featuring your name and the College's logo
- ❖ Recognition at Annual Convocations
- ❖ The personal satisfaction that you will be helping to ensure the long-term ability of ACHCA to aid in training and preparing generations of long-term care leaders for the future

To join the Dr. David B. Oliver Legacy Society, it will be necessary for you to complete the following confidential membership form. Information about your gift is important to ACHCA leaders and will be valuable in planning strategically for career development of those persons who will benefit from your gift. Any and all information that you give will be treated in strict confidence.

Donor name _____

Donor mailing address _____

Donor e-mail address _____

Donor telephone number _____

The following represents the type of gift I intend to make to the Society:

- ❖ Gift through my will. This gift will be made as a:
 - ____ specific bequest (estimated value)
 - ____ percentage of estate (estimated value)
 - ____ remainder of the state (estimated value)
- ❖ Gift through a trust. The gift will be made as:
 - ____ specific dollar amount (estimated value)
 - ____ charitable remainder trust (estimated value)
 - ____ charitable lead trust (estimated value)
- ❖ Life insurance beneficiary designation
____ estimated value
- ❖ Retirement plan beneficiary designation
____ estimated value
- ❖ Charitable Gift Annuity
____ Value
- ❖ Gift of Property
- ❖ Life Estate

❖ Gift of cash

So that ACHCA and its Academy can be absolutely certain that it follows your wishes relative to public recognition, please complete the following:

____ I authorize ACHCA to use my name on lists or in publications in recognition of my support of the David B. Oliver Legacy Society

____ I do not authorize ACHCA to publish my name in any way.

For the College's records, my name should be listed as follows:

Print Name _____

Signature _____

Date _____

Mail or fax the completed form to:

ACHCA Donations

1101 Connecticut Ave. NW

Suite 450

Washington, DC 20036

Fax: (866) 874-1585

ACHCA is a 501(c)3 non-profit organization - FEIN: 36-2637617