

PLANNED GIVING

Gift Intention Form



First Name: _____ **Last Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Do you want to be listed in our newsletter publication or Annual Report?

Yes No

Do you wish to remain anonymous?

Yes No

Please Indicate your type of planned gift below:

- | | |
|--|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Privately Held Stock/Securities |
| <input type="checkbox"/> Pledge | <input type="checkbox"/> Closely Held Stock/Securities |
| <input type="checkbox"/> Life Insurance | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Charitable Lead Trust | <input type="checkbox"/> Will, Estate, or Living Trust |

Expected Amount \$ _____

Expected Percentage _____ %

I wish to be contacted in regard to this donation and how it will be used

I wish to NOT be contacted in regard to this donation and how it will be used

Signature: _____ **Date:** _____