



Family & Children's Place

## Legacy Gift Statement of Intent

Date: \_\_\_\_\_

Please complete this confidential form to help us understand the wishes for your gift.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We wish to remain anonymous

I am confirming following provision to Family & Children's Place:

- |  |   |
|--|---|
| <input type="checkbox"/> Bequest by Will       | <input type="checkbox"/> IRA Rollover               |
| <input type="checkbox"/> Equities              | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Personal Property     | <input type="checkbox"/> Charitable Lead Trust      |
| <input type="checkbox"/> Gift from an IRA      | <input type="checkbox"/> Insurance Policy - Paid    |
| <input type="checkbox"/> Beneficiary of an IRA | <input type="checkbox"/> Insurance Policy - New     |
| <input type="checkbox"/> Other Assets _____    |   |

Designation of the gift:  Unrestricted  Restricted for: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (for jointly held securities)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### OPTIONAL ADDITIONAL INFORMATION:

The estimated current value of our gift: \_\_\_\_\_

Financial Advisor or Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Entered in Donor Record by: \_\_\_\_\_