

Legacy Circle Charitable Bequest Intent Form

Please use this form to share the details of your bequest intentions for the Living/Dying Project. This form is for communication purposes only. Your estate is not legally bound by submitting this statement, but remains revocable and can be modified at any time.

The following information will be held in strictest confidence: Name(s):					
			Address:		
			City:	State:	Zip Code:
Phone Number:	Email:				
wish to inform the Living/Dy As of this date, the approxim (If your gift is a percentage of percentage, if you will.) I/we designate this gift to be Unrestricted Suppo	e used for:	d in my/our estate plans. approximate present value of that y/Dying Project Board of Directors)			
We welcome the opportunity to reco you are amenable, as a way to expre this way. Yes, you may publicize my/o No, I/We prefer my/our inter	ess our gratitude and to encourag	0 , 0 , ,			
Donor(s) Signature(s):		Date [.]			