

Bequest Intention Confidential Enrollment Form

Thank you for your intention to support our organization through a legacy gift. This confidential form is used to document your planned bequest and ensure your wishes are fulfilled. Please print and complete this form.

Personal Information

Full Name:

Spouse/Partner Name (if joint gift):

Street Address:

City: State: ZIP Code:

Phone Number: Email Address:

Date of Birth:

Bequest Details

Please provide details about your intended bequest. This information will be kept strictly confidential.

Type of Bequest (e.g., Will, Trust, Retirement Account, Life Insurance):

Estimated Value (USD) or Percentage of Estate:

Specific Purpose or Designation of Gift (e.g., Unrestricted, Specific Program):

Recognition and Listing

Would you like to be recognized in our legacy society publications? (Enter "Yes" or "No"):

If yes, please print your name(s) exactly as you would like them to appear:

Confirmation and Signature

This form represents an expression of my/our current bequest intentions. It does not constitute a legal or binding obligation on my/our estate.

Printed Name:

Signature (to be signed by hand after printing):

Date: