

Planned Gift Intention Form

If you wish to inform VisionGift of your non-binding, revocable intention to leave a planned gift, please complete the following form.

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Phone: _____

☐ Yes, you may contact my attorney to receive a complete copy of my will/trust.

Attorney Name: _____ Phone: _____

Attorney Email Address: _____

Please share as much information as you are comfortable, and/or attach the relevant document(s) describing your planned gift benefiting VisionGift.

Bequest through your will or trust to VisionGift:

☐ Specific Dollar Amount: _____

☐ Specific percentage of your estate: % _____

☐ Specific percentage of your residuary estate (the amount or percentage that is left after all other bequests and expenses have been fulfilled): _____

VisionGift is a beneficiary of all or a portion of:

☐ A life insurance policy

☐ A financial institution (bank, CD, brokerage) account

☐ A retirement account

☐ Other _____

Donor Recognition Confirmation

☐ I/we give VisionGift permission to publicly recognize my planned commitment.

☐ I prefer to remain anonymous.

☐ Yes, I would be interested in sharing the story of my support for VisionGift in your publications.

Name as you wish it to appear on the Honor Roll: _____

This document is not intended to be legally binding. We recommend you seek the advice of your attorney or financial advisor when considering a planned gift.

Vision Gift's Tax ID: 26-3035522