



In This Together...  
Learn. Share. Laugh.

## CONFIRMATION OF INTENT

AS AN EXPRESSION OF MY COMMITMENT TO  
GILDA'S CLUB GRAND RAPIDS

I HAVE MADE A PROVISION TO SUPPORT YOUR ORGANIZATION THROUGH A:

- |   |  |
|---|--|
| <input type="checkbox"/> WILL                       | <input type="checkbox"/> LIFE INSURANCE POLICY       |
| <input type="checkbox"/> REVOCABLE LIVING TRUST     | <input type="checkbox"/> IRA BENEFICIARY DESIGNATION |
| <input type="checkbox"/> CHARITABLE GIFT ANNUITY    | <input type="checkbox"/> CHARITABLE LEAD TRUST       |
| <input type="checkbox"/> CHARITABLE REMAINDER TRUST | <input type="checkbox"/> DONOR ADVISED FUND          |
| <input type="checkbox"/> UNITRUST                   | <input type="checkbox"/> OTHER, please specify       |
| <input type="checkbox"/> ANNUITY TRUST              | _____  |

Estimated value of my charitable estate gift is: \$ \_\_\_\_\_

(Information about the value of your estate gift will remain confidential, and is not required.)

- Please use my charitable gift wherever it is needed most
- I want to designate my charitable estate gift for the purpose(s) listed below:

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***This expression of my present plans is subject to revocation or modification and is not binding on my estate.***

\_\_\_\_\_

\_\_\_\_\_

DATE

SIGNATURE

Use of your name might motivate someone else to also include our organization in his/her/their estate plans. I/ we are COMFORTABLE / NOT COMFORTABLE (circle one) including my /our name(s) in your published list of members of the Gilda's Club Grand Rapids Legacy Circle.

Please print the name(s) as follows: \_\_\_\_\_