**Declaration of Future Intent**

Thank you for your intention to include Sights for Hope in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

**My/Our Information**

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name (If joint gift): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gift Information**

I/We have provided a gift to Sights for Hope as set forth in my/our:

* Will or Trust
* Life Insurance Policy
* Other Asset(s) (please describe):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Charitable Gift Annuity
* Charitable Remainder Unitrust
* Retirement Plan or Beneficiary Designation

(401(k), 403(b), IRA, Keogh, Brokerage Account)

* Sights for Hope is a contingent beneficiary of the indicated asset above  
  (Please Explain):

­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The current estimated value of my/our gift is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My/Our gift is \_\_\_\_\_\_\_\_\_\_\_% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today’s dollars? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gift Purpose**

* **Gift Agreement/Letter** – I/We have signed a Gift Letter or Agreement with Sights for Hope stating the designation or purpose for this gift.
* **I/We have not signed a Gift Letter or Agreement.** It is my/our intention that Sights for Hope use this future gift for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recognition**

Donors who provide a planned gift to benefit Sights for Hope may be enrolled in special recognition society.

* I/We prefer no public recognition and wish to remain anonymous.
* Please list my/our name(s) as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estate Contact Information**

Although optional, the following information is very helpful:

|  |  |
| --- | --- |
| **Executor, Trustee (if your gift is through a Will, Trust):** | **Administrating Company (ie. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):** |
| Name: | Name: |
| Address: | Address: |
|  |  |
| City, State, Zip: | City, State, Zip: |
|  |  |
| Phone: | Phone: |
| Email: | Email: |

**Additional Contact/Relationship you may want us to know (family, attorney, etc.):**

|  |  |
| --- | --- |
| Name: | Relation: |
| Address: | City, State, Zip: |
| Phone: | Email: |

I/We understand that this form does not create a binding obligation and any details about my/our gift will remain confidential. Sights for Hope understands that the size of my/our future gift may change.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature (If joint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please Return To:**

**Sights for Hope**

**Attn. Director of Advancement**

**845 W. Wyoming Street**

**Allentown, PA 18103**