



Planned Giving Declaration of Intent

This form does not constitute a binding obligation but only serves to help Maryhurst recognize donors who have chosen to include a gift to Maryhurst in their estate. All information about this gift will be kept strictly confidential unless otherwise directed. Please complete this form with as much detail as is comfortable for you.

Thank you for letting us know that you plan to leave a gift in your estate for Maryhurst's vital work with children and families. Your generosity will support our ongoing efforts to prevent child abuse, restore hope, and empower survivors.

Donor Name (print) _____ **Spouse Name (if joint gift)** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Email Address** _____

I/We have provided a gift to Maryhurst as described in my/our:

Will or Trust **Life Insurance policy** **Retirement Plan or Beneficiary Designation**

Other assets (please describe) _____

The current estimated value of my/our gift is \$_____.

I wish to direct my/our gift to the following:

Where Maryhurst's needs are greatest.

As directed in a gift agreement/letter.

Donors who provide a planned gift to Maryhurst will be recognized in our Legacy of Hope Society. (Only names will be listed – not gift amounts.)

Please list my/our name(s) as follows: _____

I/We prefer no public recognition

(over)

Estate Contact Information:

Name of Executor or Trustee _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Administrating Company (for retirement account or life insurance policy) _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

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

Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

I/We agree to the following:

____ This agreement does not create a binding obligation.

____ Maryhurst will keep the details of this agreement confidential unless otherwise directed.

____ Maryhurst may contact me in the future to verify if the information in the agreement is still correct.

____ Should any of the information I have provided change, I will update this agreement as needed.

Donor Signature Date

Spouse Signature (if joint) Date

Maryhurst representative Date