



Legacy Gift Notification

Today's Date _____

Donor 1 Name _____

Date of Birth _____

Donor 2 Name _____

Date of Birth _____

Address _____

City, State, Zip _____

Email _____ Phone (____) _____

Approx. gift value \$ _____ -OR- _____ % of estate. (Optional)

Designation, if other than general support: _____

This gift is from my / our: *(Please include a copy of the relevant portion of your will, trust, or other gift instrument.)*

Will or Trust executed on (date) _____

IRA or other retirement asset _____

Life Insurance _____

Charitable Trust _____

Charitable Gift Annuity _____

Other asset or gift instrument: _____

Attorney _____ Phone (____) _____

Attorney Address _____ Email _____

Personal Representative _____ Phone (____) _____

Personal Representative's relationship to you _____

Please recognize as _____

Please recognize as **Anonymous**

Please recognize in honor / memory of _____

I / we understand that this notification is not legally binding and may be revoked or changed without notice at any time.

I / we understand that this information will be held in strict confidence and will be used only for its intended purpose.

Donor 1 Signature _____ Date _____

Donor 2 Signature _____ Date _____

A New Leaf Signature _____ Date _____

Michael T. Hughes, CEO

Thank you for **helping families...changing lives** for many years to come!