DECLARATION OF LEGACY INTENT

Gift Planning

Thank you for your intention to include Anchor Center for Blind Children 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.

☐ New Intention  ☐ Updated Intention

LETTER OF INTENT

It is my/our desire to provide a legacy gift to benefit Anchor Center for Blind Children. I/we understand that this gift may be revocable and that I/we may retain the right to modify or cancel this gift at any time. I/we have provided for a gift to Anchor Center for Blind Children through the following:

☐ Bequest in Last Will and Testament  ☐ Beneficiary Life Insurance Policy(s)
☐ Beneficiary of Trust Agreement(s)  ☐ Beneficiary IRA or other retirement plan(s)
☐ Charitable Remainder Trust  ☐ Charitable Gift Annuity
☐ Other

I/we estimate the current value of this gift to be: $________________
This amount will be kept confidential by Anchor Center; if your gift is a percentage of your estate, please indicate the approximate value.

NAVIGATOR LEGACY SOCIETY

All documented planned giving donors qualify for inclusion in Anchor Center’s Navigator Legacy Society. This membership allows Anchor Center to provide ongoing appreciation and recognition for your intended gift and encourages and inspires others to consider Anchor Center in their estate plans.

☐ I/We agree to have my/our name(s) listed in Anchor Center’s publications and/or on the organization’s website as affiliated with the Navigator Legacy Society. Please list my/our name as:

__________________________________________________________________________

☐ I/We would like to provide more information about my/our story to inspire others.

☐ I/We prefer to be anonymous member(s) of the Navigator Legacy Society. Please do not include my/our names in publications.

Please continue to the reverse side to complete the form.
ESTATE CONTACT INFORMATION

Although optional, the following information is very helpful:

EXECUTOR, TRUSTEE (if your gift is through a Will or Trust)

Name: _______________________________________
Address: ______________________________________
City/State: ______________ Zip: ___________
Phone: _________________________________
Email: ______________________________________

ADMINISTRATING COMPANY (i.e. TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy)

Name: _______________________________________
Address: ______________________________________
City/State: ______________ Zip: ___________
Phone: _________________________________
Email: ______________________________________

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

Name: _______________________________________
Relation: ______________________________________
Address: ______________________________________
City/State: __________________________
Phone: _________________________________
Email: ______________________________________

THANK YOU FOR YOUR GENEROUS AND VITAL SUPPORT OF ANCHOR CENTER FOR BLIND CHILDREN

Signature(s): ______________________________________
Print Name(s): ______________________________________
Date: ______________________________________
Date(s) of Birth: ______________________________________

PLEASE RETURN THIS FORM TO: Anchor Center for Blind Children: Planned Giving,
2550 Roslyn Street, Denver, CO 80238

If you have any questions please contact Anchor Center’s Director of Development:

📞 303.377.9732 x156  ⏯️ giving@anchorcenter.org  🕒 www.anchorcenter.org/giftplanning

Anchor Center for Blind Children is a 501(c)(3) tax-exempt charitable organization. Tax ID # 84-0893509