Legacy Gift Notification

Thank you for your commitment to Island Senior Resources. Your legacy gift will help ensure that older adults in our community receive care, connection, and support for generations to come.

1. DONOR INFORMATION

First Name _____ **Last Name** _____

Spouse / Partner Name (if applicable) _____

Mailing Address _____

City _____ **State** _____ **ZIP Code** _____

Phone Number _____ **Email Address** _____

2. NATURE OF THE GIFT

Type of Planned Gift (check all that apply) *

- ☐ Bequest through a will or living trust
- ☐ Beneficiary designation: *(IRA, 401k, life insurance)*
- ☐ Charitable remainder trust or gift annuity
- ☐ Gift of real property or other tangible assets
- ☐ Other: _____

Description of Gift

(Optional) Approximate value, percentage, or specific purpose.

_____

_____

Intended Purpose of Gift

- ☐ Unrestricted / Greatest need
- ☐ Senior Programs & Services
- ☐ Transportation Services
- ☐ Nutrition & Meals
- ☐ Caregiver Support
- ☐ Other: _____

3. RECOGNITION & PREFERENCES

Recognition Preference

- ☐ Please list my/our name(s) in recognition materials
- ☐ I prefer my gift to remain anonymous
- ☐ I would like to discuss recognition options

Communication Preferences

- ☐ Receive the organization's newsletter
- ☐ Invitations to special events and gatherings
- ☐ Annual Report and stewardship updates
- ☐ Please do not contact me further

What Inspired Your Gift?

(Optional) Your words may be shared with permission to inspire others.

_____

_____

May we share your story?

- ☐ Yes, you may share my words
- ☐ Please keep this private

4. ATTORNEY OR ADVISOR CONTACT (OPTIONAL)

Advisor Name _____

Firm / Organization _____

Advisor Phone _____

Advisor Email _____

5. ACKNOWLEDGMENT & SIGNATURE

> I understand that this notification is not a legally binding commitment and that I retain the right to modify or revoke this gift at any time. I am notifying Island Senior Resources of my intention as a courtesy so that appropriate recognition and stewardship may be provided.

Donor Signature _____

Date _____

Spouse / Partner Signature (if applicable) _____

Date _____

Print Name(s) _____

PLEASE RETURN COMPLETED FORM TO:

Don Hall, Director of Annual Giving

Island Senior Resources • PO Box 939 | Freeland, WA 98249 • (360) 544-7788

This information is strictly confidential and for internal stewardship purposes only.