



## Declaration of Future Intent

Thank you for your intent to include Washington County Elder Care, Inc. (Elder Care) in your estate plan. Please complete this form with as much detail as you are willing to share. Information about your planned gift will remain confidential and does not create a binding obligation.

New Intent  Updated Intent

### MY INFORMATION

Name \_\_\_\_\_ Spouse Name (if joint gift) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### PLANNED GIFT INFORMATION

I have provided a gift to Elder Care as set forth in my:

Will or Trust  Life Insurance Policy  Charitable Gift Annuity  Charitable Remainder Unitrust

Retirement Plan or Beneficiary Designation (401k, 403(b), IRA, Keogh, Brokerage Account)

Other Asset(s) \_\_\_\_\_

Elder Care is a contingent beneficiary of the indicated asset(s) above. Please explain below:

\_\_\_\_\_

### GIFT PURPOSE

My bequest or planned gift is designated for:

Restricted program: \_\_\_\_\_

Unrestricted

Other (Please note which area(s) you wish to benefit and provide percentages or specific amounts for multiple areas)

\_\_\_\_\_

### RECOGNITION

Donors of a planned gift to Elder Care will be recognized as members of the Legacy Guild. Donors whose planned gift(s) total more than \$50,000 will be recognized as Legacy Donors. Legacy Donors are recognized at the time the gift is received by Elder Care.

Please list my name(s) as follows:

\_\_\_\_\_

I prefer no public recognition.



I understand this form does not create a binding obligation and any details about my gift will remain confidential.

Signature:

Spouse's Signature

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please sign and return this form to: Elder Care – Office of Philanthropy

**By Mail:** 1223 Swan Drive, Bartlesville, OK 74006

**By Email:** [Giving@AboutElderCare.org](mailto:Giving@AboutElderCare.org)