



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:

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