



DECLARATION OF FUTURE INTENT

Thank you for your intention to include Care net in your estate plan. To accurately document your intention, please 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.

Recognition of Your Gift: For recognition purposes, please list my/our name(s) as follows:

- Please do not include my/our name in any public listings of donors.
- I/We wish my/our gift intention to be confidential and anonymous, both publicly and in Care Net records.

Briefly describe allocation, designation and how your gift shall be used.

Description and Value of Gift: Please indicate below (by checking applicable options), how your future gift intention will be fulfilled and provide the estimated value for Care Net:

| <u>Description</u> | <u>Amount or Percentage</u> | <u>Estimated Value of Gift to Care Net</u> |
|--|-----------------------------|--|
| <input type="checkbox"/> Will or Trust With a sum of | _____ | _____ |
| <input type="checkbox"/> Charitable Gift Annuity In the amount of | _____ | _____ |
| <input type="checkbox"/> Charitable Remainder Trust In the amount of | _____ | _____ |
| <input type="checkbox"/> Remainder of Retirement Fund/IRA With a total current value of | _____ | _____ |
| <input type="checkbox"/> Life Insurance Policy With a policy value at maturity of | _____ | _____ |
| <input type="checkbox"/> Other Item or Asset Describe; e.g., private collections, real estate, securities, etc. | _____ | _____ |
| <input type="checkbox"/> Beneficiary: If Care Net is only a contingent beneficiary, please explain conditions. | | |

CONTACT INFORMATION

Will or Trust: If your gift is included in a will or trust, please provide the following:

Executor(s) or Trustee(s)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Beneficiary Designation: If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Other information, Contacts and Relationships You Want Care Net to Know (family, attorney, etc.)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

.....

Signature _____ **Date** _____

Print Name _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____ **Phone** _____