



CONFIDENTIAL ESTATE GIFT INFORMATION

An expression of your commitment to

Partners for Community Living, Choices in Community Living, and/or Resident Home Association

NAME (S) _____ Date(s) of birth _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

ESTATE INFORMATION

TYPE OF ESTATE GIFT (CHECK ANY THAT APPLY)

My/our will and/or other

_____ Specific Amount

estate planning documents,
which include a provision for

_____ Percent of estate (_____ %)

_____ Percent of remainder trust (_____ %)

_____ Partners for Community Living

_____ Remainder of estate

_____ Choices in Community Living

_____ Beneficiary of:

_____ Resident Home Association

_____ IRA or other retirement account

_____ Life insurance

executed on ____/____/____

_____ Living trust

_____ Other (describe) _____

TO HELP US PLAN FOR THE FUTURE:

The approximate value of my/our estate gift, based on today's value, is \$ _____

Any special purpose/designation of gift? _____

Attorney/CPA/financial advisor: _____

RECOGNITION PREFERENCE

_____ Please include my/our name(s), without disclosure of the amount, as legacy society member(s). I/we would like my/our name to be recorded as follows:

_____ Or, I/we prefer this gift remains anonymous.

SIGNATURE _____ Date ____/____/____

SIGNATURE _____ Date ____/____/____