

FRIENDS OF THE PHOENIX CENTER FOUNDATION

 $A \ 501 (c) (3) \ organization \ that \ solely \ supports \ the \ programs \ of \ The \ Phoenix \ Center$

Declaration of Bequest Intention

By completing this form you confirm your intention to name The Phoenix Center as a beneficiary of your estate and your wish to become a member of *The Dr. Geraldine Gibbia Legacy Society*, which honors those who have made legacy gifts to The Phoenix Center. The Phoenix Center understands that all bequest provisions are revocable and that any intentions stated here are not binding on you or your estate. We are deeply grateful for your vision and generosity.

I have named The Phoenix Center as a beneficiary	, , , , , , , , , , , , , , , , , , , ,
□ My Last Will and Testament □ Retirement Accou	
□ Revocable Trust (Living Trust) □ Charitable Trust	
□ Life Insurance Policy	
□ Donor Advised Fund	
□ Other (please specify)	
My provision (s) names The Phoenix Center as: \Box I	Primary Beneficiary ☐ Secondary Beneficiary ☐ Contingent Beneficiary
I estimate that the total value of my gift to The Phoenix Center through my estate will be \$	
,	r it is my wish that the organization use my gift for the following ed Other
•	hoenix Center a legacy gift through my estate entitles me to enrollment ecial recognition during events and in publications.
☐ Yes, The Phoenix Center may publish my name a	as a member of The Dr. Geraldine Gibbia Legacy Society.
☐ I am pleased to become a member of <i>The Dr. Ge</i> request that my name not be published in connec	eraldine Gibbia Legacy Society but I wish to remain anonymous and tion with my bequest intention
Signature of Donor	Signature of The Phoenix Center Executive Director
Printed Name	Printed Name
Date	 Date

To facilitate our ability to honor the intentions set forth above, we would greatly appreciate a copy of your Will or Trust (or appropriate sections thereof) for safekeeping in our confidential files. Thank you.