

## DECLARATION OF FUTURE INTENT

Thank you for your intention to include Gleaners Community Food Bank in your estate plan. We ask that you 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.

New Intention  Updated Intention

My/Our Information (print all information):

Name (print): \_\_\_\_\_

Spouse name (if joint gift): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gift Information:

I/We have provided a gift to Gleaners Community Food Bank as set forth in my/our:  Will or Trust  Charitable Gift Annuity  Life Insurance Policy  Charitable Remainder Unitrust  Other Asset(s) (please describe): \_\_\_\_\_

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

Gleaners Community Food Bank is a contingent beneficiary of the indicated asset above (Please Explain):

\_\_\_\_\_

The current estimated value of my/our gift is \$ \_\_\_\_\_. My/Our gift is \_\_\_\_\_% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$ \_\_\_\_\_.

Gift Purpose: It is my/our intention that Gleaners use this future gift for (Briefly describe the purpose. If "undesignated" Gleaners will use the gift to the best and highest purpose.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to: Gleaners Community Food Bank, 2131 Beaufait St, Detroit, MI 48207. Attn: Cecile Aitchison. Donors who provide a planned gift to benefit Gleaners will be listed as a Legacy Society Members.  I/we prefer no public recognition  Please list my/our name(s) as follows:

\_\_\_\_\_

Estate Contact Information: Although optional, the following information is very helpful: Executor, Trustee (if your gift is through a Will, Trust):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

Additional Contact/Relationship you may want us to know (family, attorney, etc.)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Gleaners Community Food Bank understands that the size of my/our future gift may change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (if joint): \_\_\_\_\_ Date: \_\_\_\_\_