End of Life Choices New York

Letter of Intent

For a Legacy Gift

GIFT

To support the mission of End of Life Choices New York, I/We have made a provision for a gift as a part of my/our estate plans through a:

❑Will or Trust
❑Retirement Account
❑Charitable Trust
❑Beneficiary Designation
❑Life Insurance Policy
❑Other _____

My/our gift is a specific collar or percentage (optional): $ or % _____.

PREFERENCE

I/we would like for our gift to be used for:

❑OPERATING: (Preferred) for maximum flexibility to meet future needs.

❑ADVOCACY: pursuing legal and legislative reform.

❑EDUCATION: informing the public about end of life options.

❑SUPPORT: counseling individuals and families seeking support.

Name recognition
❑ Yes, you may list my/our name(s) in connection with this gift.
❑ No, please do not publicly list my/our name(s).

MY INFORMATION

_____
Name(s)

_____
Address, City, State, Zip

_____ _____
Phone # and E-mail Date

_____ _____
Signature(s)

Personal Representative /
Executor / or Fund Company: _____
Contact (address,
phone, E-mail): _____