

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Will or Trust      | <input type="checkbox"/> Beneficiary Designation |
| <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Life Insurance Policy   |
| <input type="checkbox"/> Charitable Trust   | <input type="checkbox"/> Other _____             |

My/our gift is a specific dollar or percentage (optional): \$ % \_\_\_\_\_.

PREFERENCE

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

- |   |   |   |  |
|---|---|---|--|
| <input checked="" type="checkbox"/> <b>OPERATING</b> –<br>(Preferred) for maximum flexibility to meet future needs. | <input type="checkbox"/> <b>ADVOCACY:</b><br>pursuing legal and legislative reform. | <input type="checkbox"/> <b>EDUCATION:</b><br>informing the public about end of life options. | <input type="checkbox"/> <b>SUPPORT:</b><br>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):