

**Bequest Letter of Intent - Legacy Gift** 

Thank you for your generous bequest commitment to Meals on Wheels of Boulder. Your legacy gift will help us plan for the future as we continue our mission of delivering hot, nutritious meals with social connection to our Boulder neighbors in need for years to come.

Please take a moment to fill out this form so we can better understand your intentions for this gift. The information you provide is not legally binding, and we recognize you may wish to change your gift in the future.

Name of Donor(s):					
Age: 🗖 Under 40	<b>1</b> 41-55	<b>D</b> 56-65	<b>1</b> 66-75	□ 75+	
Address:					
Phone:		Ema	ail:		

## About your Gift

I/We have named Meals on Wheels of Boulder as a Beneficiary of (check all that apply):

🗖 Will	🗖 Retirement A	ccount	🗖 Living Tru	ist 🗖 C	Charitable	e Trust	Life Insurance	e Policy
🗖 Don	or Advised Fund	🗖 IRA	or other Reti	rement	Assets	🗖 Chari	table Gift Annui	ty
🗖 Othe	er (please specify	):						

The estimated total value of my gift to Meals on Wheels of Boulder from my estate:

Approximate \$ \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Is your gift contingent on other beneficiaries? 
Yes 
No If yes, please explain:

## Recognition

I/We understand that this commitment of a legacy gift through my estate entitles me to enrollment in the Meals on Wheels of Boulder Legacy Society with special recognition.

□ Yes, please include my/our name as a member of the Legacy Society

□ No, I/We wish to remain anonymous and request my/our name(s) is not published in connection with my bequest intention.

□ I/We would like my/our bequest to be named in honor of \_\_\_\_\_

Signature:	Signature:
Date:	Date:

Please print and send completed form to: Shoshana Fanizza, Development Manager
Meals on Wheels of Boulder, 3701 Canfield Street, Boulder, CO 80301
Email: <u>shoshana@mowboulder.org</u> * Call: 720-780-3382