



AFAC is a community-based non-profit that provides supplemental groceries to our Arlington neighbors in need.

## AFAC Planned Gift Intention Form

As evidence of my/our desire to provide a legacy in support of the Arlington Food Assistance Center (AFAC), I/we hereby inform AFAC that I/we have made a provision for a gift to AFAC in my/our estate plan. I/we understand that this commitment is revocable and can be modified by me/us at any time.

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

Date of Birth: \_\_\_\_\_

Spouse Name (if joint gift intention):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***Your completion of this section is optional and not required for membership in the Arlington Food Assistance Center's Hunger Alliance\*.***

***It is my/our intent to leave a legacy to AFAC through my/our:***

Will     Retirement Plan Assets     Life Insurance Policy     Living Trust

Charitable Remainder Trust     Family Foundations     Other \_\_\_\_\_

I/we wish to inform AFAC, for long-term planning purposes only, that as of this date, the present dollar value of my/our projected gift is: \$ \_\_\_\_\_.

*(If your gift is a percentage of your estate, please indicate the approximate dollar value of that percentage.)*

I/we understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may choose to add to, subtract from, or revoke this gift at any time, at my/our sole discretion. *(AFAC will appreciate notification any time you make changes or adjustments to your gift intention.)*

***Please see reverse for signature page.***

I/we designate this gift intention to benefit the general financial support of AFAC or a program endeavor, as follows:

Gift Intention: \_\_\_\_\_

\_\_\_\_\_

Please enroll me/us in AFAC's Hunger Alliance\* with the following understanding as indicated:

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

You may publish my/our name(s) among your lists of Hunger Alliance\* members as a motivation for others to leave a future gift to benefit AFAC. I/we wish my/our name(s) to appear as above.

**OR**  Do not publish my/our names on any donor roster (except as anonymous).

I/we understand that the projected value of our gift intention will not be published.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature (if join gift intention)

\*The Hunger Alliance includes all benefactors who have made plans to include AFAC in their estate planning.