



PLANNED GIFT CONFIRMATION

Please return to: **Gary Sinise Foundation ATTN: Planned Giving**
PO Box 368 Woodland Hills, CA 91365

TAXPAYER I. D. # 80-0587086

This confirmation of deferred gift form is a record of your intent, a donor-approved reference for future use. **This is not a binding legal document.** Thank you for your gift to support the Gary Sinise Foundation!

Donor name(s) *(printed)* _____
 Donor Address _____

 Donor Email _____
 Donor Phone Number _____

TYPE OF GIFT

Will Bequest

- Specific Amount* _____
- Specific Percentage* _____%
- Residual bequest*
- Contingent bequest*

Trust Bequest

- Specific Amount* _____
- Specific Percentage* _____%
- Revocable*
- Irrevocable*
- Charitable Remainder*
- Unitrust*
- Annuity Trust*

Other

- Specific Amount* _____
- Specific Percentage* _____%
- Life Insurance Beneficiary*
- Gift Annuity*
- Charitable*
- Deferred*
- IRA, pension, or other retirement account*
- Charitable Legacy Fund (donor advised)*
- Stocks/securities*
- Other* _____

Good Faith Estimate of the Gift Value _____
 Name of Lawyer or Financial Advisor *(optional)* _____
 Address _____ Phone Number _____
 _____ Email _____

DESIGNATION OF GIFT

- My/our gift may be used for the Gary Sinise Foundation's greatest needs.
- My/our gift is designated for the following purpose(s) _____

LEGACY SOCIETY

Because of your charitable intentions, you will be included as a member of the Legacy Society with a gift of \$25,000 or more. Gary Sinise Foundation created the Legacy Society to recognize donors who choose a planned gift to support the foundation in upholding its mission. Your name will be published as a Legacy Society member in Gary Sinise Foundation publications so that others may be inspired to follow your example. If you would prefer to remain anonymous (and not be listed), please check the following:

- No, I/We do not wish to be listed in the Legacy Society in Gary Sinise Foundation publications. We prefer to remain anonymous. (It is the fiduciary responsibility of the Gary Sinise Foundation to ensure our donor's confidentiality).

Name *(printed)* _____ Date of Birth _____
 Signature _____ Date _____
 Name *(printed)* _____ Date of Birth _____
 Signature _____ Date _____