MAPLE KNOLL COMMUNITIES FOUNDATION

CONFIDENTIAL PLANNED GIVING INTENTION FORM

Thank you for including Maple Knoll Communities Foundation in your legacy plans. Sharing your intentions helps us plan for the future and understand how you would like your gift to make an impact.

This form documents your current charitable intentions and is not a legally binding commitment. You may change or revoke your plans at any time.

YOUR INFORMATION

Name(s):

_____

Street Address:

_____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date of Birth (optional): _____

MY/OUR PLANNED GIFT

I/We have included Maple Knoll Communities Foundation in my/our estate or financial plans through:

☐ Will or Living Trust

- ☐ A percentage of my/our estate: _____ %
- ☐ A specific dollar amount: $_____
- ☐ The remainder or a portion of the remainder of my/our estate
- ☐ Other: _____

☐ Retirement Plan or IRA

Plan Administrator/Custodian: _____

Estimated current value of charitable gift (optional): $ _____

☐ Life Insurance Policy

Insurance Company: _____

Estimated current value of charitable gift (optional): $ _____

☐ Bank, Brokerage, Investment, or Other Financial Account

Financial Institution/Firm: _____

Estimated current value of charitable gift (optional): $ _____

☐ Charitable Gift Annuity, Charitable Remainder Trust, or Other Life-Income Gift

Type of Arrangement: _____

Financial Institution/Administrator: _____

Estimated current value of charitable gift (optional): $ _____

☐ Other Planned Gift

Please describe: _____

GIFT DESIGNATION

Campus: ☐ Maple Knoll Village ☐ The Knolls of Oxford ☐ Wherever the need is greatest

Purpose: ☐ Where Needed Most ☐ Future Care / Benevolent Care ☐ Employee Engagement ☐ Other:_____

I/We understand that the Foundation will make every effort to honor this designation consistent with the charitable purposes, policies, and needs of Maple Knoll Communities Foundation.

RECOGNITION

☐ I/We give permission for Maple Knoll Communities Foundation to recognize my/our planned gift publicly.

Please list my/our name(s) as: _____

☐ I/We prefer that this planned gift remain anonymous.

ADDITIONAL INFORMATION

Approximate current value of my/our planned gift: $ _____

☐ I/We prefer not to disclose an estimated value at this time.

My/Our attorney, financial advisor, executor, trustee, or other contact (optional):

Name:

_____

Organization/Firm: _____

Phone/Email: _____

ACKNOWLEDGMENT OF INTENT

I/We understand that this form represents my/our current charitable intention and does not create a legally binding obligation or irrevocable commitment. I/We retain the right to change or revoke this planned gift, its amount, or its designation at any time. The provisions contained in my/our legal and financial documents will govern the actual distribution of this gift.

Signature: _____ Date: _____

Signature: _____ Date: _____