CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support the Humangood Foundation through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, add you as a member of the HumanGood Legacy Circle, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Anita Fraley Vice President of Philanthropy The Humangood Foundation

Phone: 925-924-7214

Email: Anita.Fraley@humangood.org

Planned Gift Notification- Confidential

Personal Information

Name:			
Spouse Name:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Date(s) of Birth:			

Your Gift Intention

		on and attach a copy of the documentation or appropriate able. Please complete all that apply.
I/We want to described be		f the Humangood Foundation through a planned gift as
☐ I/We ha	ive included a bequest	for HumanGood in my/our will or living trust.
☐ I/We ha	ive named HumanGood	d as a beneficiary of an asset:
□ Re	etirement Plan	Bank, Investment, or Other Financial Account
 Lit	fe Insurance Policy	Other:
	ave named HumanGood ole remainder trust.	d as a revocable/irrevocable (circle one) beneficiary of a
	e. (If possible, please in	will be approximately \$ or % nclude a copy of the bequest language or other wording
		f the gift provision (such as, asset to be donated if other e used, whether gift is to create an endowment, etc.):
Yes, you ma	ay include me/us in listir	ngs of planned gift donors.
		ur name(s) to appear in our HumanGood Legacy Circle ur intended gift will not be published):
☐ No, please o	do not include me/us in	listings.
Signature(s):		
Date:		

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