



## Planned Gift Pledge Form

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

DOB: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Spouse/Partner DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Spouse/Partner Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Spouse/Partner Phone Number: \_\_\_\_\_

Please select the type of planned gift you would like from the following options:

Will/Living Trust       Retirement Account       Charitable Gift Annuity

Charitable Remainder Trust       Life Insurance Policy       Charitable Lead Trust       Other

If Other, please describe: \_\_\_\_\_

Please provide an estimate of the current value of your planned gift. All such information will be kept confidential. This estimate does not bind you or your estate in any way.

Estimate: \_\_\_\_\_

How would you like to be recognized for your planned gift? Please select form the following options:

SCHC's Annual Report       SCHC's Website       Anonymous       Other

If Other, please describe: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse/Partner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This document does not bind you or your estate. By signing this form, you are simply acknowledging your current plans to benefit SCHC in the future and giving us guidance as to your wishes.*

**Please email completed form to Lauren Guynn, Executive Director at [lauren@scofhc.org](mailto:lauren@scofhc.org)**

Questions? Contact Lauren at 317-674-8777 ext. 110