

The Will to End Hunger Society

Statement of Legacy Gift Intention – Blue Ridge Area Food Bank

I/We have made provisions in my/our estate plan to include the Blue Ridge Area Food Bank as a beneficiary or contingency beneficiary of my/our (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Bequest in a Will or Trust | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Revocable Trust | <input type="checkbox"/> Life Insurance Beneficiary Designation |
| <input type="checkbox"/> Charitable Remainder or Lead Trust | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Retirement/IRA Beneficiary Designation | <input type="checkbox"/> POD or TOD Financial Account Transfer |
| <input type="checkbox"/> Other (please specify) _____ | |

Estimated value of gift \$ _____ as of Date _____

This is not binding – it is simply informational

My/Our gift is:

- In memory/honor of: _____
- Unrestricted (use where the need is greatest)
- Unrestricted, but I prefer to support (geographic area): _____
- My/Our gift is designated for the following purpose: _____
Let's discuss your ideas and goals and the Food Bank's needs before you put something in place!

Name: _____ Spouse/Partner Name: _____
As you wish it to appear; see below to opt-out of public recognition

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____
Identify: Home, Business, Mobile

Email Address: _____ Date of Birth: _____

Recognition:

- The Blue Ridge Area Food Bank may include my name as a member of *The Will to End Hunger Society*, when public recognition opportunities arise (donor honor rolls, etc.). *Neither the amount nor designation, if provided, will ever be publicized.*
 - Include my spouse/partner as a “joint” member with me
- I/We prefer to keep my/our future gift intention anonymous.

Return your completed form to:

Blue Ridge Area Food Bank, ATTN: Karen Ratzlaff, Chief Philanthropy Officer
PO Box 937, Verona, VA 24482

For assistance: Call Karen Ratzlaff at (540) 213-8404 or email kratzlaff@brafb.org

In the event of unforeseen circumstances requiring changes to the information I've provided I agree to do my best to notify the Blue Ridge Area Food Bank of such change.

Signature: _____ Date: _____

Attachments that further describe the nature of the above provision(s) are welcome, in addition to a copy of the section of the will or trust in which the Blue Ridge Area Food Bank is mentioned. Completion of this form is not intended to be, nor is it, legally binding.