



Planned Gift Declaration of Intent

In consideration of my/our interest in the support of the mission of the Alliance of Coalitions for Healthy Communities (ACHC), I/we make a planned gift commitment to ACHC for the purpose(s) described below:

_____ Unrestricted/Greatest Need
 _____ Restricted for the following ACHC Priorities _____

_____ For recognition purposes, list my/our name(s) as _____
 _____ I/we wish to remain anonymous; please do not include my/our name in any listing of donors.

My/our gift commitment will be fulfilled in the following manner:

_____ Will/Trust* with a total current value of \$ _____ or _____ % of estate with a total current value of \$ _____

_____ Charitable Gift Annuity, in the amount of \$ _____

_____ Charitable Remainder Trust*, in the amount of \$ _____

_____ Remainder of Retirement fund*, with a total current value of \$ _____ or _____ % of retirement assets with a total current value of \$ _____

_____ Life Insurance Policy with a policy value at maturity of \$ _____ or _____ % of total value at maturity (please provide a copy of policy)

_____ Other* _____

*For estate/planned gifts, please attach a copy of the portion naming ACHC

This Letter of Intent is (check one):

_____ an expression of my/our present plans, is subject to revocation or modification and is not legally binding on my/our estate(s). I/we will notify ACHC in the event of any changes.

_____ irrevocable and is legally binding on my/our estates

_____ **Signature** **Date**

_____ **Printed Name** **Date**

_____ **Address**

_____ **E-Mail**

_____ **Signature** **Date**

_____ **Printed Name** **Date**

_____ **Address**

_____ **E-mail**