ALLIANCE
OF COALITIONS
for Healthy Communities

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 , I/we make a planned gift commitment to the Alliance or the purpose(s) described below:

_____Unrestricted/Greatest Need
_____Restricted for the following Alliance 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 the Alliance

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 the Alliance in the event of any changes.

_____ irrevocable and is legally binding on my/our estates

_____	_____
Signature **Date**	**Signature** **Date**
_____	_____
Printed Name **Date**	**Printed Name** **Date**
_____	_____
Address	**Address**
_____	_____
E-Mail	**E-mail**