TRAIL Deferred/Planned Gift Intent Form

Please return this form to TRAIL, 28 S. Linn St., Room G03, Iowa City IA 52240 / 319-800-9003

This statement of gift intent is to facilitate the administration of a donor's charitable intent for Tools and Resources for Active Independent Living of Johnson County (TRAIL). It is the intent of the donor that this gift be designated for the TRAIL general fund to support the organization's operational expenses.

Name(s): _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mobile Phone: _____ **Email:** _____

I (we) estimate the minimum amount of my/our gift to TRAIL to be: $_____

Form of Gift (mark all that may apply)

- ❑ Making a pledge to donate to TRAIL over a number of years. (TRAIL will contact you for more information regarding your wish to make a pledge.)
- ❑ Naming TRAIL as a beneficiary of my (our) will or trust
  - ➢ Examples: Specific bequests (leaving TRAIL a specific item from your estate such as vehicle), general bequest (lump sum or % of estate/trust), and charitable lead or remainder trusts
- ❑ Designating TRAIL as a remainder beneficiary of an IRA, retirement plan, or pension fund
- ❑ Designating TRAIL as a beneficiary of an insurance policy
- ❑ Supporting TRAIL through future Qualified Charitable Distributions from an IRA
- ❑ Supporting TRAIL through future distributions from a Donor Advised Gift Fund
- ❑ Execution of another legal instrument as follows: _____
  _____
- ❑ Please contact me to discuss ways that I can give to TRAIL.

Information for the above instrument is as follows:

Contact person/institution with knowledge about the execution of the above instrument(s):

Institution: _____

Contact Person/Title: _____

Address: _____

Other Contact Information (phone or email): _____

Relationship to Donor(s): _____

Note: This form is designed as a non-binding statement of gift intent. You must contact your attorney or financial professional to update your estate/financial plans to include a gift to TRAIL.