

Planned Giving Intention Form

Please use this form to share the details of your estate plan intention. This is for informational purposes only and your estate is not legally bound by submitting this form. *This information is held in strict confidence.*

NAME:	DATE OF BIRTH:			
NAME:	DATE OF BIRTH:			
ADDRESS:				
CITY/STATE/ZIP:				
PHONE:	EMAIL:			
I/we wish to inform	you of my/o	ur estate plan i	ntentions	
The estimated value of my.	ie of my/our gift is presently \$			% in the form of:
☐ Will or Trust Inclusion☐ Charitable Gift Annuity				☐ Life Insurance☐ Real Estate
I/we designate this	gift			
☐ Unrestricted – wherever needed most ☐ Partner Home Building ☐ Priority Home Repair				
Recognition				
Print name(s) as you wish	to have it/them a	appear in published	the Legacy Builder	rs list:
☐ I/ We prefer my/our inte (Your name will not appe		•	er public recognitio	n.)
SIGNED:	: DATE:			
SIGNED: DATE:				
Email completed form to:	PlannedGiving@habitatgtr.org OR Wendy Irvin, CEO, at wendyi@habitatgtr.org OR Unbitet CTD, DO Day E412, Traverse City, MI 40606			
Mail completed form to:	Habitat GTR, PO Box 5412, Traverse City, MI 49696			
Questions? call:	231-941-4663			