

## PLANNED GIFT ACKNOWLEDGMENT/CONFIRMATION FORM

*This form may be used to show proof of a donor's intended planned gift. It is understood that all bequests are revocable and that your estate plans may change.*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please let us know the terms of your Planned Gift.*

- Will
- IRA
- Retirement Plan
- Trust
- Insurance Policy
- Other \_\_\_\_\_

*Designation of Planned Gift:*

- Unrestricted: Please use the proceeds in support of those areas with the greatest need.
- General Endowment
- Restricted: Please use the proceeds for \_\_\_\_\_

*My Planned Gift is in the following form and amount:*

- Estimated Amount: Dollar Amount \$ \_\_\_\_\_
- Percent of the Estate \_\_\_\_\_ %
- Cash: Amount \$ \_\_\_\_\_
- Specific Asset: \_\_\_\_\_
- Real Estate Interest: \_\_\_\_\_
- Residuary: Estimated Amount \$ \_\_\_\_\_

**ACKNOWLEDGEMENT** *Please let us know if/how we may recognize your generosity.*

- YES, I give the Center permission to publish my/our name(s) in Center publications and donor acknowledgements.
- YES, please enroll me as a member of the Planned Giving/Legacy Society.
- How do you wish your name(s) to be listed in any publications that acknowledge your gift intention? \_\_\_\_\_
- NO, I wish my gift to remain anonymous.

***I understand that I am NOT making a legal or binding commitment by submitting this acknowledgement.***

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please return this completed acknowledgment form to:***

Development Department  
San Fernando Valley Community Mental Health Center, Inc.  
16360 Roscoe Blvd., 2nd Floor  
Van Nuys, CA 91406  
donations@sfcvmhc.org