



## PLANNED GIFT CONFIRMATION

PLEASE  
RETURN  
TO:

Gary Sinise Foundation ATTN: Planned Giving  
PO Box 680819 Franklin, TN 37068  
TAXPAYER I.D. #80-0587086

This form is to help you provide information about your future gift to the Gary Sinise Foundation. By sharing this information, you help to ensure that your gift will be used as you intended. **This document is not considered to be a legal or financial obligation and will be kept confidential.**

Donor Name(s) (printed): \_\_\_\_\_

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

Donor Email: \_\_\_\_\_

Donor Phone Number: \_\_\_\_\_

Home  Cell  Work

### CONFIRMING YOUR LEGACY

I/We have included Gary Sinise Foundation in my/our estate plans through one or more of the following planned gifts:

- Bequest in will or revocable trust for the dollar amount of .....\$ \_\_\_\_\_
- Bequest for \_\_\_\_\_% of my estate; estimated value of .....\$ \_\_\_\_\_
- Retirement plan beneficiary designation; estimated value of .....\$ \_\_\_\_\_
- Insurance policy beneficiary designation; benefit of.....\$ \_\_\_\_\_
- Charitable remainder trust interest, estimated value of .....\$ \_\_\_\_\_
- Charitable lead trust .....\$ \_\_\_\_\_
- Other; estimated value of .....\$ \_\_\_\_\_

### DESIGNATION OF GIFT

- My/our gift may be used for the Gary Sinise Foundation's greatest needs.
- My/our gift is designated for the following purpose(s): \_\_\_\_\_

### DOCUMENTATION

Many donors feel most confident that their gift intention will be honored when they provide the Gary Sinise Foundation with a copy of the section of the will that pertains to their gift. We welcome documentation of your gift in this way. If you prefer not to provide a copy of the bequest language, please indicate any information that you would like to share with us about your gift.

### LEGACY SOCIETY

Because of your charitable intentions, you will be included as a member of the Legacy Society. The Gary Sinise Foundation created the Legacy Society to recognize donors who choose a planned gift to support the foundation in upholding its mission. Throughout the year we will share special updates and engagement opportunities exclusively for Legacy Society members.

### GIFT RECOGNITION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I/We do not wish to be listed on the Legacy Society Donor Roll in future Gary Sinise Foundation communications.

**THANK YOU FOR SUPPORTING OUR MISSION.**