



Legacy Gift Notification

Today's date _____

Name _____

Date of birth _____

Address _____

Email address _____

Phone 1 (_____) _____ H / W / C Phone 2 (_____) _____ H / W / C

This gift is from my:

- Will (executed on date _____)
- Revocable Trust (executed on date _____)
- Charitable Remainder Trust
- Retirement Assets
- Life Insurance Policy
- Other instrument or plan: _____

Approximate value of gift \$ _____ -OR- ____% of Estate, with an approximate value of \$ _____

Gift designation, if other than general support: _____

Attorney of record _____ Phone (_____) _____

Address _____

Executor of estate _____ Phone (_____) _____

Executor's relationship to you _____

I have attached a copy of the relevant portion of my will or revocable trust.

I wish to be recognized as a member of A New Leaf's Legacy Family, to motivate others to make legacy gifts. Please publish as _____

I wish to be Anonymous. Do not publish my name on the Legacy Family list.

I understand that this information will be held in strict confidence and will be used only for its intended purpose. I understand that this Legacy Gift Notification is not legally binding and may be changed by me without notice at any time.

Donor Signature _____ Date _____

A New Leaf Signature _____ Date _____

Michael T. Hughes, President & CEO

THANK YOU! Your legacy gift will allow A New Leaf to continue
Helping Families...Changing Lives for generations to come.