

# Planned Giving Donor Commitment Form

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

In consideration of the impact Project Angel Heart has on the lives of Coloradans living with life-threatening illnesses, I/we have made provisions for a gift to Project Angel Heart in my/our estate plans. Understanding that the Legacy Circle was created to recognize individuals who make such a commitment, I/we are pleased to authorize Project Angel Heart to include me/us as a member of this group. *Project Angel Heart is a 501(c)3 non-profit organization. EIN 84-1199481.*

We would be happy to discuss our established investment policy with you that outlines how planned gifts are utilized by our organization and the impact your investment will have on our agency.

## Gift Information (OPTIONAL):

- I have included Project Angel Heart in my will or living trust.
- I have established an income-producing gift plan for the benefit of Project Angel Heart (gift annuity, charitable remainder trust, etc.)
  - This plan is (select one):  revocable  irrevocable
- I have made other estate provisions naming Project Angel Heart as the beneficiary.
- I have attached a letter describing my future gift to Project Angel Heart (OR) wish to share the following details about my planned gift:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What prompted you to include Project Angel Heart in your estate plans?

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**Legacy Circle Recognition**

I/we would be pleased to be publicly recognized as a Legacy Circle member. Please list my/our name(s) as:

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I/we wish to contribute anonymously. Please do not list my name as a member of the Legacy Circle.

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

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

