

CUPOLA LEGACY SOCIETY

Planned Giving Declaration of Intent

Thank you for your intention to include the Friends of the Cabildo in your estate plans. Please complete this form with as much information as you are willing to share so we may accurately document your intention. Information about your gift will remain confidential; if your gift intention is changed or cancelled, please notify us.

Planned gifts should name the 501(c)3 nonprofit organization as follows: Friends of the Cabildo, Inc., Tax ID: 72-6027414.

NAME(S) (As you would like it to appear in recognition):	Gift Details
	□ Bequest in Will or Living Trust
ADDRESS	☐ Beneficiary of Retirement Account
CITY	☐ Beneficiary of Life Insurance Policy
STATE ZIP	☐ Ownership of Life Insurance Policy
PHONE	☐ Other (please describe):
EMAIL_	
 The estimated amount of this g □ I wish for this gift to benefit the FOC where it is most needed □ I would like for this gift to be used for: 	
	tions related to this gift (e.g. Family Members, Executors, Trustees,
Retirement or Insurance Administrators. Please list name, add	
CONTACT NAME	RELATIONSHIP
ADDRESS	CITY STATE ZIP
PHONE	EMAIL
If possible, please include documentation pertaining to your gi	ift, e.g. copies of will or trust, beneficiary designation form.
DONOR SIGNATURE	DATE
DONOR SIGNATURE	DATE