

## **CONFIDENTIAL - Bequest Intention Form**

Thank you for this meaningful gift to benefit the mission and students of L	_EAP for Educatio	n!
Donor Name(s):		
Date(s) of Birth:		<del></del>
Mailing Address:		
Home Address (if different):		
E-mail(s):		
Phone(s):		
I/We have provided for the following bequest to LEAP for Education, estimates, believe there will be sufficient assets in my/our estate(s) to may, at any time, choose to satisfy this gift intention during my life/or	to satisfy this be	
This statement may be altered by me/us at any time in writing. I/We i good faith declaration of my/our hopes and intentions, and do not in that is binding and enforceable against my/our estate. Should I/we conotify the Director of Development.	tend this statem	ent to create an obligation
Type of Bequest:		
Specific Dollar Amount Percentage of Residuary Estate		
Beneficiary Designation (e.g. retirement plan, life insurance) - Descript	tion:	
Specific Property (e.g. real estate address, art, collection, etc.) - Descr	ription:	
Estimated Current Value of Bequest Provision: \$	OR	%
□ I/We would like to be listed as in the Annual Report as		
□ I/We would prefer to <i>remain anonymous</i> to all except for essential LEAF	P Development sta	aff and leadership.
□ I/We have attached a copy of the pertinent provision(s) of my/our estate	e plan(s) or other of	details.
Donor Signature	Date	

## PLEASE RETURN COMPLETED FORM AND DOCUMENTS TO:

LEAP for Education, Inc., Attn: Development, 35 Congress Street, Suite 102, Salem, MA 01970 John Dudley, Director of Development, jdudley@leap4ed.org, 978-740-6667 x119

Donor Signature \_\_\_\_\_\_Date \_\_\_\_\_