



SCHOA Foundation

Charitable Bequest Intention Form

DONOR(S)

First Name: _____ Last Name: _____ DOB: _____

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

BEQUEST SPECIFICS:

As evidence of my/our desire to provide a legacy of support for the health of our community, I/We wish to inform SCHOA Foundation that you have been named in my/our estate plans.

As of this date, the approximate value of my/our gift is: \$ _____

*If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.)

I/We designate this gift to be used for:

____ Unrestricted Support (where the need is greatest as determined by the SCHOA Foundation Board of Trustees)

OR

The following program: _____

LEGACY SOCIETY

In recognition of your intention, it is our great pleasure to induct you as a member of the SCHOA Legacy Society. This select group is comprised of our closest friends, each having made an investment in the health of our community by creating a future gift intention for the Foundation.

____ Yes, you may publicize my/our name(s) as members of the Legacy Society, which serves as a motivation for others to consider a future gift in support of SCHA O Foundation.

____ We prefer my/our intentions to remain anonymous.

Donor(s) Signatures:

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

**Please return this form to:
SCHOA FOUNDATION, 10401 W Coggins Drive, Sun City, AZ 85351**

Thank you for your support of SCHOA Foundation.
SCHOA Foundation is a 501(c)(3) Tax Deductible Organization.