



SCHOA Foundation

Charitable Bequest Intention Form

Donor

Name(s): _____

Date(s) of Birth: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Bequest Specifics

As evidence of 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 SCHOA Foundation.**
- We prefer my/our intentions to remain anonymous.**

Donor(s) Signature(s):

Date: _____

Please return this form to:

SCHOA Foundation
10401 W Coggins Dr
Sun City, AZ 85351

Thank you for your support of SCHOA Foundation!

SCHOA Foundation is a 501(c)(3) Tax Deductible Corporation