

# Legacy & Estate Planning

The Shelter for Abused Women & Children | P.O. Box 10102 Naples, FL 34101 | 239-775-3862

To ensure that we appropriately recognize and honor the wishes of your very generous gift, please complete this form.

Acknowledgement Permission: YES / NO

Is Your Gift Anonymous? YES / NO

Exact words to acknowledge or receipt your gift (please print):

Name of Individual/s \_\_\_\_\_ and \_\_\_\_\_

Foundation/Trust \_\_\_\_\_

Estate of \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Other \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Second Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Type of Estate Gift (if willing to share): \_\_\_\_\_

Estimated Value (if willing to share): \_\_\_\_\_

Please provide The Shelter with a copy of your documents. [Date Received: \_\_\_\_\_ by: \_\_\_\_\_]

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Please Print* \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Please Print* \_\_\_\_\_ Date \_\_\_\_\_

All donors who make planned gifts to The Shelter for Abused Women & Children qualify for membership in The Circle of Peace, our planned giving society. For more information, please call our office at (239) 775-3862.

