



Declaration of Future Intent

Thank you for your intention to include The Children's TherAplay Foundation, Inc. in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

Personal Information:

Full Name (print): _____ Spouse name (if joint gift): _____

Address: _____ City, State: _____ Zip code: _____

Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to The Children's TherAplay Foundation as set forth in my/our:

- | | |
|--|--|
| <input type="checkbox"/> Cash Gift | <input type="checkbox"/> Beneficiary Designation |
| <input type="checkbox"/> Gift of Appreciated Securities | <input type="checkbox"/> Outright Gift of Life Insurance |
| <input type="checkbox"/> Donor Advised Fund | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Tax-Free Gift with an IRA |
| <input type="checkbox"/> Other Asset(s) (please describe): _____ | |

The current estimated value of my/our gift is \$ _____. My/Our gift is _____ % of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$ _____.

I/we have included supporting documentation.

Gift Purpose:

Please use my/our gift for The Children's TherAplay Foundation endowment

or

Please use my/our gift for the following purpose: _____

Recognition:

Donors who provide a planned gift to benefit The Children's TherAplay Foundation will be members of the Bright Futures Legacy Society. Please share with us how you would like to be recognized:

- I/we prefer no public recognition Please list my/our name(s) as follows:

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. The Children's TherAplay Foundation understands that the size of my/our future gift may change.

Signature: _____ Spouse Signature (if joint): _____

Date: _____

Please return this form to: The Children's TherAplay Foundation | 9919 Towne Road Carmel, IN 46032

In naming The Children's TherAplay Foundation in your plans, please use the name: The Children's TherAplay Foundation, Inc., and the Federal Tax ID Number: 35-2121568.

If you have further questions on planned giving, please contact Executive Director Kathy Pelletier at kpelletier@childrenstheraplay.org.