

To support the mission of L gift as a part of my/our est	ifting Up Westchester, I/We have made a provision for a ate plans through a:
☐ Will or Trust☐ Retirement Accou☐ Charitable Trust	☐ Beneficiary Designation ☐ Life Insurance Policy ☐ Other
My/our gift is a specific col	lar or percentage (optional) \$\frac{1}{2} \frac{1}{2}
I/we would like for our gif	t to be:
Restricted – ple has maximum instructions can Name recognition Yes, you may lis	for maximum flexibility to meet future needs. ease share your intentions so that we can ensure your gift impact, and consult your attorney so that your gift in be recorded legally and accurately. It my/our name(s) in connection with this gift. ot publicly list my/our name(s).
Name(s)	
Address, City, State, Zip	
Phone # or E-mail	Date
Signature(s)	
Personal Representative / Executor / or Fund Company:	
Contact (address, phone, E-mail):	