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Sharing food and friendship since 1974

## Statement of Philanthropic Intent

Because of my/our special regard for Caring for Friends, and realizing the importance of future gifts to its mission, I/we have made the following provision(s) for Caring for Friends in my/our estate plan(s). My/Our gift will made the following way(s):

| Will Retirement account   | Life insurance policy.   | Living Trust   | Other:                                      |
|---|--|--|---|
| In the amount of (Indication o  |  |  | valued at                                   |
| This information is kept confidentia<br>only. Please tell us anything you w<br>on the following line. You may also<br>of the relevant section from your w<br>how you would like your gift to be t | rould like us to know about how<br>attach additional pages, if nec<br>rill or trust document, if you are | y you would like yo<br>cessary. We would<br>comfortable shar | our gift to be used,<br>d appreciate a copy |
| This is an expression of my/our current estate plans. I/we understand that it is not a legal obligation binding me/us or my/our estate(s) and can be revoked or modified by me/us at any time.    |  |  |   |
| Print Name / Signature  | То   | day's Date   | Birth Date                                  |
| Print Name / Signature  | То   | day's Date   | Birth Date                                  |
| Address (City/State/Zip)  | Ph   | none   | Email                                       |
| Consider me/us member(s) of Rita's Friendship Circle  |  |  |   |
| Please print your name(s) above as you wish it to appear for donor recognition purposes.  |  |  |   |
| I/we wish to remain anonymous members of the Rita's Friendship Circle.  |  |  |   |
| Thank you for helping to end with your a gift.  | hunger & loneliness  |  | <b>A B</b>                                  |