Caring for Friends™
Sharing food and friendship

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Philadelphia, PA 19154-1288
Phone: 215-464-2224
Fax: 215-464-2507

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 _____ or _____% of my estate, which is currently valued at $_____. (Indication of amount or percentage is optional).

This information is kept confidential and is used by Caring for Friends for long-term planning purposes only. Please tell us anything you would like us to know about how you would like your gift to be used, on the following line. You may also attach additional pages, if necessary. We would appreciate a copy of the relevant section from your will or trust document, if you are comfortable sharing. Please describe how you would like your gift to be used:_____.

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 | Today's Date | Birth Date

_____

Print Name / Signature | Today's Date | Birth Date

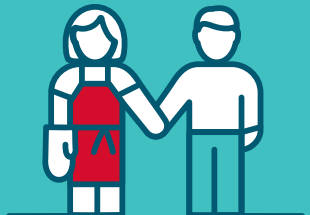
_____

Address (City/State/Zip) | Phone | 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 hunger & loneliness with your a gift.