

Planned Gift Intention Form

To demonstrate my commitment to ensuring food on the table for children, families, and seniors well into the future, I have included Inter-Faith Food Shuttle in my estate plans. *Note: all information will be kept in the strictest confidence and use for internal planning only.*

Name:					
Address:					
City/State/Zi	p:				
Email:					
Phone:		🗌 Home	□ Cell	Work	
Birthdate:					
Please indica	te your type of planned gift below.				
	🗆 Bequest				
	Charitable Trust				
	Whole Life Insurance Beneficiary				
	Family Foundation Beneficiary				

- Retirement Plan Beneficiary
- 🗆 Other: _____

Recognition: With your permission, Inter-Faith Food Shuttle will include your name in our *Seeds of Hope* documents to recognize your gift and to encourage others to make a planned gift. If you wish, we can list you as "anonymous".

Your name as you would like it to be listed for recognition purposes

□ I prefer to remain anonymous

Signature:

_ Date: ____

Please return this completed form with any supporting documentation to:

Inter-Faith Food Shuttle Attention: Development 1001 Blair Drive, Suite 120 Raleigh, NC 27603

Inter-Faith Food Shuttle is a tax-exempt nonprofit organization recognition by section 501(c)3 of the Internal Revenue Code. Inter-Faith Food Shuttle's Tax ID #56-1753180. Contributions are tax deductible as allowed by law. Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your giving intentions with your professional advisor.

