



## Legacy of Hope Giving Society Charitable Bequest Intention

Please share your bequest intentions with the Les Turner ALS Foundation by using this form to provide the specifics of your bequest to support our mission.

This form is for informational purposes only. Your estate is not (and will not be) legally bound by submitting this statement but remains revocable and can be modified at any time. The information provided will be held in strictest confidence.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

### Bequest Specifics

As evidence of my/our desire to provide support for the benefit of the Les Turner ALS Foundation, I/we wish to inform you that the Les Turner ALS Foundation has been named in my/our estate plans.

As of this date, the approximate value of my/our gift is \$\_\_\_\_\_.  
If your gift is a percentage of your estate, please indicate the approximate value of that percentage.

Please check appropriate statement: outright bequest\_\_\_\_ contingent bequest\_\_\_\_

\_\_\_\_ I/We request that the funds from my/our bequest be used to support: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I/We prefer that my/our funds be used to support the Les Turner ALS Foundation's general operating budget.

**Legacy of Hope Giving Society**

In recognition of your intention, it is our great pleasure to induct you as a member of the *Legacy of Hope Giving Society*. The *Legacy of Hope Giving Society* recognizes the thoughtful gifts planned by donors who have chosen to make a gift through their estate plan to support the Les Turner ALS Foundation.

\_\_\_\_ Yes, you may publicize my/our names as members of the *Legacy of Hope Giving Society*.  
\_\_\_\_ I/We prefer that my/our intentions remain anonymous.

**Charitable Bequest Intention**

Bequest is in: Will\_\_\_\_ Revocable Trust\_\_\_\_ IRA\_\_\_\_ Beneficiary of Insurance\_\_\_\_

Execution date of the bequest intention: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attorney of Record**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone ( ) \_\_\_\_\_-\_\_\_\_\_ Email \_\_\_\_\_

**Executor of Estate**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone ( ) \_\_\_\_\_-\_\_\_\_\_ Email \_\_\_\_\_

Relationship to you: \_\_\_\_\_

\_\_\_\_ I have attached a photocopy of the relevant portion of my will, revocable trust, IRA, insurance policy or other relevant document.

\_\_\_\_ I prefer not to release copies of my legal documents.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Donor (1) Signature \_\_\_\_\_

Donor (2) Signature \_\_\_\_\_

Les Turner ALS Foundation Representative: \_\_\_\_\_