

**Statement of Intent – Planned Gift**

Thank you! By including United Way of Rhode Island in your estate plans, you are making a lasting difference for those in need, now and forever. Your enduring legacy reflects your dedication to building a better Rhode Island for everyone, extending far beyond your lifetime.

To ensure the intention of your gift is fulfilled, please let us know the following information:

***Purpose of Gift***

It is my/our wish that my/our gift be used as:

* Unrestricted so that United Way of Rhode Island can use it where it is needed most
* Specific purpose:
  + Operational
  + Education
  + Basic Needs

***Type of Gift***

* Will
* Retirement plan/IRA
* Life insurance policy
* Charitable gift annuity
* Charitable Trust

Estimated value or percentage: $\_\_\_\_\_\_\_\_\_\_\_or \_\_\_\_\_\_%

***Recognition***

To inspire others to give, I/we consent that United Way of Rhode Island can publish my/our name in publications as:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we prefer to remain anonymous

***Contact Information***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Additional Contacts***

Next of kin name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Legal Representation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_