SAFE PASSAGE COEUR D'ALENE **CREATING A COMMUNITY** FREE FROM VIOLENCE. **Safe Passage** 850 N. 4th St. Coeur d'Alene, ID 83814 (208) 664-9300 admin@safepassageid.org Access help 24/7 Voice: (208) 664-9303 Text: (208) 449-7228

SAFE PASSAGE LEGACY CIRCLE COMMITMENT FORM

ADDRESS: CITY: STATE: ZIP: EMAIL: All information indicated below is considered confidential and is only used to trac current and potential legacy and planned gifts to Safe Passage. I (We) desire to inform you that I (we) have provided for the future of Safe Passawith % in my (our) estate. The estimated current dollar value of my gift is \$ Note: A dollar value of your planned gift will be credited to you for cumulative gift recognition. I (We) desire to inform you that I (we) have provided for the future of Safe Passa the following manner: (optional) Bequest through Will or Trust Gift of Life Insurance Charitable Remainder Trust Charitable Remainder Trust Remainder Interest in Residence/I Other: I have attached a copy of the page or paragraph from the will or trust bequeneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. Please list my name (and/or my spouse's name) for the Safe Passage Legacy Circuste following manner: Yes You have my/our permission to include my/our name(s) in media recogn	NAME	:		
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Gift of Life Insurance Charitable Lead Trust Charitable Remainder Trust Remainder Interest in Residence/I Other: I have attached a copy of the page or paragraph from the will or trust bequestion beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. Please list my name (and/or my spouse's name) for the Safe Passage Legacy Circle following manner: Yes You have my/our permission to include my/our name(s) in media recogn No Legacy Circle members. (This information helps Safe Passage encourage Legacy Circle membership.) Yes You have my/our permission to count the dollar value of my/our planned.		•	e provided for the future of Safe Passage in	
Charitable Remainder Trust Other: I have attached a copy of the page or paragraph from the will or trust bequive beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. Please list my name (and/or my spouse's name) for the Safe Passage Legacy Circle the following manner: Yes You have my/our permission to include my/our name(s) in media recogn No Legacy Circle members. (This information helps Safe Passage encourage Legacy Circle membership.) Yes You have my/our permission to count the dollar value of my/our planned.	В	Sequest through Will or Trust	Bequest of Retirement Plan Assets	
Other: I have attached a copy of the page or paragraph from the will or trust beque beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. Please list my name (and/or my spouse's name) for the Safe Passage Legacy Circle following manner: Yes You have my/our permission to include my/our name(s) in media recogn No Legacy Circle members. (This information helps Safe Passage encourage Legacy Circle membership.) Yes You have my/our permission to count the dollar value of my/our planned.	Gift of Life Insurance		Charitable Lead Trust	
I have attached a copy of the page or paragraph from the will or trust beque beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. Please list my name (and/or my spouse's name) for the Safe Passage Legacy Circle following manner: Yes You have my/our permission to include my/our name(s) in media recogn No Legacy Circle members. (This information helps Safe Passage encourage Legacy Circle membership.) Yes You have my/our permission to count the dollar value of my/our planned.	C	Charitable Remainder Trust	Remainder Interest in Residence/Farm	
beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision. Please list my name (and/or my spouse's name) for the Safe Passage Legacy Circle following manner: Yes You have my/our permission to include my/our name(s) in media recogn No Legacy Circle members. (This information helps Safe Passage encourage Legacy Circle membership.) Yes You have my/our permission to count the dollar value of my/our planned.	C	Other:		
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