

CREATING A COMMUNITY  
FREE FROM VIOLENCE.

## SAFE PASSAGE LEGACY CIRCLE COMMITMENT FORM

I (We) wish to be recognized as part of the Safe Passage Legacy Circle to support the mission to create a community free from violence.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

All information indicated below is considered confidential and is only used to track 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 Passage with \_\_\_\_ % 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 Passage in the following manner: (optional)

Bequest through Will or Trust

Bequest of Retirement Plan Assets

Gift of Life Insurance

Charitable Lead Trust

Charitable Remainder Trust

Remainder Interest in Residence/Farm

Other: \_\_\_\_\_

I have attached a copy of the page or paragraph from the will or trust bequest, 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 in the following manner: \_\_\_\_\_

Yes You have my/our permission to include my/our name(s) in media recognizing  
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  
No toward the Safe Passage Forever Fund.

**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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date