



# Bequest Intention Form

Thank you for including Death with Dignity in your estate plan, and for your part in ensuring all Americans have the right to die with dignity. Please enter as much information as you are willing to share; we recognize this gift is subject to change depending on personal and economic circumstance. Information on this form is confidential and does not create a binding obligation. By sharing your bequest intention with us, we can thank you meaningfully for your future commitment and ensure we meet your wishes for your gift.

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Spouse Name (if joint gift): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## GIFT INFORMATION

I wish for my gift to support:

- Death with Dignity National Center, a 501(c)(3) - provides education and defense
- Death with Dignity Political Fund, a 501(c)(4) - supports political campaigns

I have included Death with Dignity as a beneficiary of my:

- Bequest in will
- Gift in trust
- Life insurance policy
- Retirement plan or beneficiary designation
- Financial or investment accounts
- Charitable remainder trust
- Donor advised fund
- Other asset (please describe) \_\_\_\_\_

(Optional) The current estimated value of my gift is \$\_\_\_\_\_ or \_\_\_\_\_% of the asset indicated above.

## RECOGNITION

Donors who provide a legacy gift will be enrolled in the Dignity Circle.

- I prefer no public recognition.
- For any public recognition, please list name(s) as follows: \_\_\_\_\_

## ESTATE CONTACT INFORMATION (EXECUTOR, TRUSTEE, ADMINISTRATING COMPANY)

Name: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Spouse Signature (if joint gift): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_