

**Bequest Intention Form**

Thank you for your intention to provide a bequest or other future gift to the Carroll Center for the Blind. Please complete this confidential form to ensure your future gift intentions are appropriately recognized and fulfilled. The information you provide is not legally binding or enforceable by law, and we understand that you may wish to change your gift in the future.

# TYPE OF GIFT

I have included the Carroll Center for the Blind in my:

* Will/estate plan
* Life insurance policy
* Retirement plan
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your gift contingent? \_\_\_ Yes \_\_\_ No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Is your gift revocable? \_\_\_ Yes \_\_\_ No

# AREA OF SUPPORT

I/we wish this gift to the Carroll Center for the Blind to be designated as:

* Current use support to annual unrestricted budget
* Current use support for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Support to unrestricted endowment

# VALUE

* Specific dollar amount to bequeath $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OR**
* Percentage of estate or account \_\_\_\_\_\_\_\_% Estimated current value of the percentage: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

# LEGACY SOCIETY RECOGNITION

* Please recognize me in the White Cane Legacy Circle
* My spouse is joining me as a donor
* I/we prefer to remain anonymous

When recognizing this gift, please list donor name(s) as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DOCUMENTATION (optional)

* Attached is a copy of the bequest provision, relevant portion(s) of my/our will or estate plan provision, or beneficiary designation document that names the Carroll Center for the Blind as a beneficiary.

**EXECUTOR OR PERSONAL REPRESENTATIVE WHO WILL HANDLE MY ESTATE AFFAIRS**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**DONOR INFORMATION AND SIGNATURE**

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

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Donor Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Thank you for including the Carroll Center for the Blind in your estate commitments. Please contact Dara Dalmata, Chief Development and Communications Officer at [dara.dalmata@carroll.org](mailto:dara.dalmata@carroll.org) or 617-969-6200 x259 with any questions.