



ADW

Lifetime Partners Society

Declaration of Intent

Thank you for making us aware of your intention to include Assistance Dogs of the West (ADW) in your estate plans. Please complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

New Intention

Updated Intention

DONOR INFORMATION

Name/Spouse Name, If Joint (print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

TELL US ABOUT YOUR PLANNED/DEFERRED GIFT

I/We have provided a gift to the Assistance Dogs of the West as set forth in my/our:

- Will or Trust
- Charitable Remainder Unitrust
- Life Insurance Policy
- Retirement Plan or Beneficiary Designation (401(k), 403(B), IRA, Keogh, Brokerage Account)
- Other Asset(s) (please describe): _____

Assistance Dogs of the West is a contingent beneficiary of the indicated asset above (please explain):

The current estimated value of my/our gift is \$_____. My/Our gift is %_____ of the asset indicated above. If a percentage is given, what is the current estimated value of the percentage in today's dollars \$_____.

- My gift is considered revocable
- I/We direct ADW to use the proceeds of this gift to support its full mission

MAY WE RECOGNIZE YOU?

Donors who provide a planned gift to benefit Assistance Dogs of the West will be recognized in the ADW Lifetime Partners Society based upon their approval below:

- I/We prefer no public recognition
- Please list my/our name(s) as follows:

Please share a few thoughts about why you've made this commitment so that we may include in future ADW Lifetime Partners Society communications, as a source of inspiration to others: _____



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ESTATE CONTACT INFORMATION:

Although optional, the following information is very helpful.

Executor, Trustee (if your gift is through a Will, Trust):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Administering Company (if your gift is through a retirement account or life insurance policy):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

ADDITIONAL CONTACT:

Anyone else you might like us to know such as family members, your attorney(s), etc.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. Assistance Dogs of the West understands the size of my/our future gift may change.

Signature: _____

Spouse Signature (if joint): _____

Date: ____/____/____

Please return this form to: Assistance Dogs of the West | PO Box 31027, Santa Fe, NM 87594
Email: linda@assisteddogsofthewest.org | Office: 505.986.9748

You can also complete this form online using the QR code below:

