

DECLARATION OF SUPPORT

(Notification of Client(s) Inclusion of Assistance to the Elderly, Inc. in Estate Plan)



Providing only GENERAL information regarding the community support we have received helps us plan for the future. Please tell us about any recent gifts, and help us keep bringing support to vulnerable adults in our community. I am pleased to report that my client(s) (name(s) optional) _____ has included the Assistance to the Elderly, Inc. in his/her/their estate plan in the following manner:

1. Type of Gift:

- As a beneficiary in a **will or living trust**. (Is gift (circle one) specific, residual or contingent?)
- As a beneficiary in a **Charitable Remainder Trust or Charitable Lead Trust**.
% Payout Rate: _____
- As a beneficiary of a **Retirement Plan**.
- As a beneficiary in a **Life Insurance Policy or in a manner not named above**. Please Specify: _____

2. Estimated value to Assistance to the Elderly, Inc. _____

3. Date of client's birth _____

4. Gender of Client: Male Female

5. Gift is to be used by Assistance to the Elderly, Inc.

- In such manner as its mission may determine
- Patient Services
- Supportive Housing
- Advocacy
- Education
- Memory Care Program

6. In regards to listing my client(s) name as a donor in the recognition program (there is no cost for membership):

- I would like my client(s) name(s) to appear as _____
In memory of _____ In honor of _____
- Please do not list my client(s) name(s). The commitment should appear "Anonymous"

I trust this information will be held in the strictest confidence and utilized only in consistency with the mission of the organization. **It is understood that this Declaration of Support is not legally binding and that the future gift to Assistance to the Elderly, Inc. may be changed without notice.**

Advisor Signature **Date**

Address

Print Name

City, State, Zip Code **Phone Number**