

STATEMENT OF INTENT FOR PLANNED GIFT

This is to inform the Humane Society for Hamilton County, Inc. (HSHC) that my/our current will, trust, life insurance policy or other estate planning vehicle identifies it as a beneficiary.

Name(s)					
Street					
City, State, Zip					
Home Phone	ome Phone Cell		Work Phone	Work Phone	
Email					
Please describe the ir	astrument (e.g. will	, trust, etc.) and custo	dian or trustee:		
The current value of	the assets designate	ed to HSHC is expres			
	☐ The sum of \$ and/or ☐ % of the residue of my estate				
<u> </u>	_ % of the residue	of my estate			
Donor Signature		Signature Date	Date of Birth		
Spouse or Second Signature/ Relationship to Donor		Signature Date	Date of Birth		

NOTE: This document is designed to assist HSHC in honoring the donor's intent. It is not legally binding in any way. If you have any questions, please call HSHC, Rebecca Stevens, at 317.710.7500. 10/17/19 je