

Planned Giving Statement of Intent

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. NOTE: This document is designed to assist HSHC in honoring the donor's intent. It is not legally binding in any way.

Please list your name(s) as you wish to be listed in recogniti			
	on materials.		
Do not list my/our name. I/we wish to remain anonyr	nous.		
Street:			
City, State, Zip:			
ell Phone: Email:			
I/we have made a planned gift that will support HSHC in the	e following m	anner:	
Bequest through will or trust		Charitable remainder trust	
Bequest of retirement plan assets		Gift of life insurance	
Gift of stock	🗖 Gif	Gift of real estate	
Other:			
Attached, please find a copy of the page or paragraph fr form for life insurance, or retirement plan that describes The current value of the assets designated to HSHC is express	s my provisio	n.	
The sum of \$ and/or% of the residue	e of my estat	e.	
Donor Signature Signature	Date	Date of Birth	
Spouse or Second Signature/ Signature Relationship to Donor	Date	Date of Birth	

Please email your completed form to developmentdirector@hamiltonhumane.com or mail to 10501 Hague Rd, Fishers, IN 46038 at the attention of Jennifer Hatcher.