



## **Legacy Gift Statement of Intent** (Confidential)

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Thank you for your generous commitment to include the Sunrise Neighborhood Assistance Program (SNAP) in your estate plan. To better understand your intentions for this gift, we ask that you please complete this form with as much detail as you are comfortable sharing. The information you provide about your gift is **not** legally binding, and we understand that you may wish to change your gift in the future.

### **Your Contact Information\***

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

\* We will not sell, share or otherwise release your contact information

### **About Your Gift**

*If you choose to disclose the source and an estimate of the value of your estate plan gift, please provide this information:*

\_\_\_ Will \_\_\_ Trust \_\_\_ IRA \_\_\_ Life Insurance \_\_\_ Other

Approximate value of my gift to SNAP is \$\_\_\_\_\_ or  
\_\_\_\_\_ % of my estate or residual assets (optional)

### **Acknowledging Your Gift**

\_\_\_ I/we would like to be included in the SNAP Legacy Circle.

Please list my/our name(s) as: \_\_\_\_\_

\_\_\_ I/we prefer to remain anonymous until our gift is given.

**Signature(s)** \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to SNAP Coordinator, P.O. Box 30494, Tucson AZ 85751  
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SNAP PhoneLine: 520-437-9556 \* SNAP Tax ID # 80-0168630*