



Sunrise Neighborhood Assistance Program

6890 E. Sunrise Dr., Suite 120-298
Tucson, AZ 85750
520-437-9556

Legacy Gift Statement of Intent

(Confidential)

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
6890 E. Sunrise Drive, Ste 120-298, Tucson AZ 85750.
Sunrise Neighborhood Assistance Program is a 501(c)3 tax exempt organization.
Tax ID # 80-0168630*