



Bequest Acknowledgment/Confirmation Form

Date _____

Name of Donor: _____

Name of Spouse (or other beneficiary) _____

Date(s) of Birth: _____ / _____ / _____
(Donor) (Beneficiary)

Part I Confirmation — Please let us know the terms of your bequest.

A. **Type of Bequest:** I have provided for Women's Fund of Rhode Island through my:

Will IRA Retirement Plan Trust Insurance Policy DAF

B. **Designation of Bequest:**

Unrestricted: Please use the proceeds in support of those areas with the greatest need.

Endowment: Please add the proceeds to Women's Fund of Rhode Island endowment.

Restricted: Please use the proceeds as unrestricted, expendable support for the following program(s) _____.

Named Endowed Fund: Please establish an endowed fund in the following name _____, to be used for _____.
(I understand that a minimum of \$25,000 is needed to endow a fund, and that over time this minimum will increase.)

C. **My bequest is in the following form and amount:**

- Percentage of Estate: _____ % of estate valued at \$ _____
Since estates often grow over time, designating a percentage of your estate versus a dollar amount will maintain the value of your gift.
- Cash: \$ _____
This includes stocks, bonds and other liquid assets.
- Specific: Property _____
A specific bequest is one in which you designate specific assets to Women's Fund of Rhode Island, such as stock or real estate.
- Residuary: Estimated Amount \$ _____
Women's Fund of Rhode Island is bequeathed the remainder of your estate after other bequests, debts, taxes and expenses have been paid.
- Contingent: (no campaign credit) Terms _____
A bequest to Women's Fund of Rhode Island takes place only if the beneficiaries named in your will predecease you.

Part II Acknowledgement — Please let us know if/how we may recognize your generosity.

- YES, I give Women's Fund of Rhode Island permission to publish my/our name(s) in agency publications and donor acknowledgements.

How do you wish your name(s) to be listed in any publications that acknowledges your gift intention?

- No, I wish my gift to remain anonymous.

Donor's Signature

Date

Donor's Name (Please Print)