## Humane Society of Broward County, Inc. 2070 Griffin Road, Fort Lauderdale, FL 33312 Tax ID #59-6002321

## **Confidential Planned Gift Notification**

Name:				
Spouse Name:				
Address:				
City:			Zip:	
Phone:		Email:		
Estate Planning Attorney Name:				
Address:				
Phone:				
Please provide the following information and a your will or trust, if available. Please check/co			appropriate langı	uage from
I/We [print name(s)]			want t	o support
the mission of the Humane Society of Broward				
I/We have included a bequest for living trust.	or the Humane Soc	ciety of Broward	County, Inc. in m	y/our will
I/We have included the Human	e Society of Browa	rd County, Inc. a	s a beneficiary of	an asset:
Retirement Plan	Bank, In	vestment, or Otl	her Financial Acco	ount
Life Insurance Policy	Other:			
I/We have included the Humano (circle one) beneficiary of a charitable r	•	rd County, Inc. a	s a revocable/irre	vocable
The anticipated value of my/our gift is/will be my/our estate. (If possible, please include a coplanned gift.)				
General description of gift provision (such as, a	asset to be donated	d if other than co	nsh or securities.):	;
Yes, you may include me/us in listings of Please indicate how you would like your name	(s) to appear in ou		tings ( <i>please note</i>	the
amount of your intended gift will not be publish	·	- don a co		
No, please do not include me/us in listi	ngs of planned gift	donors.		
Signature(s):	<del></del>	Date:		
		Date:		