The Village Common of Rhode Island

Aging Better Together

Confidential Gift Intention Form

Dear Donor,

Thank you for your generosity! We realize that many people who plan to support The Village Common of Rhode Island through their estate or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, confirm that we are able to fulfill your stated intentions, and we will be better able to manage our ongoing financial stability.

Please know that completing this form is non-binding—we fully understand that you may change your plans at any time. Please also know that all information you share with us will be kept strictly confidential.

Caroline Gangji Executive Director

Planned Gift Notification-Confidential

Personal Information		
Name		
Spouse Name		
Address:	Chaha	7:
	State	Zip
	email:	
Birthday		
Your Gift Intention		
Please provide the following information language from your will or trust, if available to the following information of the following information and the following information are the fo		umentation or appropriate
I/We want to support the mission planned gift as described below:	n of The Village Common of R	hode Island through a
I/We have included a bequest f or living trust.	for The Village Common of Rh	ode Island in my/our will
I/We have named The Village	Common of Rhode Island as a	beneficiary of an asset.
Retirement Plan Bank,	, Investment or other Financial	Account
Other:		<u> </u>
I/We have named The Village Co of a charitable remainder trust.	ommon as a revocable/irrevoca	ble (circle one) beneficiary
The anticipated value of my/our gift is/	will be approximately \$	
Please provide a general description of current operations or for endowment, for		is to be used, whether for
Yes, you may include me/us in th	e listing of planned gift donors	
Please indicate how you would like you Society (Please note the amount of you		
No, please do not include me/us i	n listings.	
Signature(s):		
Date:		