San Fernando Valley Community
Mental Health Center, Inc.
MovingLivesForward

PLANNED GIFT ACKNOWLEDGMENT/CONFIRMATION FORM

This form may be used to show proof of a donor's intended planned gift. It is understood that all bequests are recovable and that your estate plans may change.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please let us know the terms of your Planned Gift.

- ☐ Will
- ☐ IRA
- ☐ Retirement Plan
- ☐ Trust
- ☐ Insurance Policy
- ☐ Other _____

Designation of Planned Gift:

- ☐ Unrestricted: Please use the proceeds in support of those areas with the greatest need.
- ☐ General Endowment
- ☐ Restricted: Please use the proceeds for _____

My Planned Gift is in the following form and amount:

- ☐ Estimated Amount: Dollar Amount $_____
- ☐ Percent of the Estate _____%
- ☐ Cash: Amount $ _____
- ☐ Specific Asset: _____
- ☐ Real Estate Interest: _____
- ☐ Residuary: Estimated Amount $_____

ACKNOWLEDGEMENT *Please let us know if/how we may recognize your generosity.*

- ☐ YES, I give the Center permission to publish my/our name(s) in Center publications and donor acknowledgements.
- ☐ YES, please enroll me as a member of the Planned Giving/Legacy Society.
- ☐ How do you wish your name(s) to be listed in any publications that acknowledge your gift intention? _____
  _____
- ☐ NO, I wish my gift to remain anonymous.

I understand that I am NOT making a legal or binding commitment by submitting this acknowledgement.

Signed: _____

Print Name: _____

Date: _____ Phone: _____

Please return this completed acknowledgment form to:

Development Department
San Fernando Valley Community Mental Health Center, Inc.
16360 Roscoe Blvd., 2nd Floor
Van Nuys, CA 91406
donations@sfvcmhc.org