



## Planned Giving Best Intentions

As an expression of my commitment to the YMCA of Metropolitan Hartford, Inc. (YMCA) and/or one or more of its branches, I declare my intention to make a planned gift through my estate or financial plans.

( ) I have included a planned gift to the YMCA in one or more of the ways outlined in the box below.  
*(Please check all that apply)*

( ) I acknowledge that I will, when the opportunity presents itself, include a planned gift to support the YMCA in one or more of ways outlined in the box below. *(Please check all that apply)*

<input type="checkbox"/> Will	<input type="checkbox"/> Beneficiary of Life Insurance
<input type="checkbox"/> Trust	<input type="checkbox"/> Beneficiary of Retirement Plans
<input type="checkbox"/> Through a Charitable Gift Annuity, Charitable Remainder Annuity Trust or Charitable Remainder Unitrust	<input type="checkbox"/> Beneficiary of Investment Account
<input type="checkbox"/> Other (please describe): _____	

My Gift is Restricted as follows: 1.)  Endowment     Other (please describe) \_\_\_\_\_  
2.)  Association     Branch \_\_\_\_\_

Additional Details (Optional): \_\_\_\_\_

Estimated Current Value: \_\_\_\_\_

( ) *Please contact me to discuss/learn about ways to make a planned gift to the YMCA.*

( ) *Please contact me to discuss/learn about naming/memorial opportunities available through a planned gift.*

A planned gift to the YMCA qualifies you as a member of The Heritage Club. This special society was created to recognize and thank donors who help us ensure that YMCA services will meet current and future needs and assist the YMCA in remaining accessible to everyone regardless of their financial circumstances. As a member of The Heritage Club, we are honored to list your name in the YMCA's Annual Report. Please indicate your preference below:

( ) Please include me as a member and list my/our name(s) as follows: \_\_\_\_\_

( ) I/we wish to remain anonymous.

Though this letter of intent is an expression of my current plans, I understand that I may modify or revoke it and that it is not a legal obligation binding on me or my estate.

\_\_\_\_\_  
Name(s) (Print) Date(s) of Birth

\_\_\_\_\_  
Signature(s) Date

\_\_\_\_\_  
Address City, State, Zip

\_\_\_\_\_  
Email Address Phone Number