



Second Helpings

Thank you for your generous support of Second Helpings. Please fill out the following information and return to Katie Prine, Senior Director of Philanthropy (katie@secondhelpings.org). All responses to this form are voluntary and will be kept confidential.

NAME(S) _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GIFT TYPE

I have provided for the future of Second Helpings in the following manner:

- | | |
|--|---|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Gift of life insurance |
| <input type="checkbox"/> Beneficiary designation of retirement plan assets | <input type="checkbox"/> Charitable remainder trust |
| <input type="checkbox"/> Beneficiary designation of donor advised fund | <input type="checkbox"/> Charitable lead trust |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Other _____ |

GIFT INFORMATION

- The estimated current dollar value of my gift is \$ _____
- I/We will mail a copy of the page or paragraph that describes my/our future gift provision.
- I/We will scan and email a copy of the page or paragraph that describes my/our future gift provision.

GIFT RECOGNITION

- You have my permission to include my name in published lists (publications, newsletters, website, donor wall) recognizing **Second Helpings Legacy Society** members. Please list my name (and/or my spouse's name) in all publications in the following manner:

- I prefer that you do not include my name in published lists recognizing **Second Helpings Legacy Society** members. Please consider me an anonymous donor.
- I prefer that you do not include my name or use information about my gift in any internal or external publications.
- Yes! I'd like to share "Why I Give" with others. By sharing my story, I know that I might inspire others to give. Please contact me to learn more.

CONFIRMATION OF GIFT

I/We wish to be recognized with membership in the **Second Helpings Legacy Society** and would like to join with other members to ensure the long-term sustainability and continued growth of the **Second Helpings' mission**.

Signature

Signature

Date of Birth

Date of Birth

E-mail address

E-mail address