



# Little Traverse Bay Humane Society

## Statement of Philanthropic Intent

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

All information in this document remains strictly confidential except where/when permission is given for donor recognition.

As an indication of my/our future support for Little Traverse Bay Humane Society (LTBHS), I/we are pleased to report that I/we have made a gift or estate provision for the benefit of LTBHS.

- A.  Outright bequest via will(s) or personal trust(s) dated: \_\_\_\_\_  
 Charitable remainder annuity trust or charitable remainder unitrust  
 LTBHS named as beneficiary on my/our:  
    Commercial Annuity  
    Retirement Account  
    Life Insurance  
 Other

- B. The gift provision is  
 Lump Sum: \$ \_\_\_\_\_  
 Percentage: \_\_\_\_\_-percent (Today's value estimated at \$ \_\_\_\_\_)

- C. My/our gift provision is:  Revocable  Irrevocable

- D. I/we request my/our future gift be used for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I/we understand that these statements and estimates are offered solely to assist LTBHS in recording and projecting future financial support and gift expectancies.***

This is not a binding legal obligation upon the donor or his, her or their estate as to the value or receipt of the provision(s) herein revealed and described.

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information:**

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

**Donor Recognition:**

Little Traverse Bay Humane Society lists donors who have made commitments in various communications. By doing so, LTBHS members, donors, and supporters may think about the possibilities of making provision for the organization in their own estate or financial plans.

A. May we have your permission to list your name in our annual Annual Report and/or quarterly Pet Gazette magazine?

B. If yes, please provide your name as you wish to be recognized:  
\_\_\_\_\_

**Professional Advisors:**

Do you have any professional advisors with whom we should connect as necessary?

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments, suggestions, or requests for additional information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for supporting Little Traverse Bay Humane Society!**



For LTBHS office use only:

\_\_\_\_\_ Date: \_\_\_\_\_

*Executive Director*

\_\_\_\_\_ Date: \_\_\_\_\_

*President, Board of Directors*



Little Traverse Bay  
Humane Society