Benzie Wellness and Aquatic Center - Declaration of Intent (Tax ID #84-2581436)

Thank you for your intention to include the Benzie Wellness and Aquatic Center (BWAC) in your estate plans. Please share as much detail as you wish.

Information about your plans does not create a binding obligation.

Please check one of these boxes:  New Intention  Updated Intention

**My/Our Information**

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse/partner name (if joint gift):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gift Information**

I/We have provided a gift to the Benzie Wellness and Aquatic Center as set forth in my/our:

 Will or Trust  Charitable Gift Annuity  Life Insurance Policy  Donor Advised Fund

 Bank or Brokerage Account  Other (briefly describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asset(s) (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Retirement Plan or Beneficiary Designation - 401(k), 403(B), IRA, Keogh, Brokerage Account

 The BWAC is a contingent beneficiary of the indicated asset above (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The current estimated value of my/our gift is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My/Our gift is \_\_\_\_\_\_\_\_\_\_\_% of the asset indicated above. If a percentage is given, please indicate the current estimated value of the percent in today’s dollars $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Sample bequest language**

Unrestricted Bequest

I give, devise, and bequeath to the Benzie Wellness and Aquatic Center, PO Box 2204, Frankfort, MI 49635 (a) the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or (b) \_\_\_\_\_\_\_% of my estate for its benefit as the Board of Directors may determine.

Restricted Bequest

I give, devise and bequeath to the Benzie Wellness and Aquatic Center, PO Box 2204, Frankfort, MI 49635 (a) the sum of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or (b) \_\_\_\_\_\_\_% of my estate to be used for the purpose(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or if such use, in the judgment of the Board of Directors, is or shall become impracticable or unwise, then for such purpose(s) as the Board shall determine.

Residuary Bequest

I give, devise and bequeath to the Benzie Wellness and Aquatic Center, PO Box 2204, Frankfort, MI 49635 (a) all or (b) \_\_\_\_\_\_% of the rest, residue and remainder of my estate to be used (a) for its benefit of the Pilgrim Fund-CSA as the Board of Directors may determine; or (b) for the purpose(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or if such use, in the judgment of the Board, is or shall become impracticable or unwise, then for such purpose(s) as the Board shall determine.

**Anonymity**

 I/We wish for my/our gift intention to be confidential and anonymous.

**Gift Designation(s)**

It is my/our intention that the BWAC use this future gift for the following purpose(s). If multiple purposes, please provide percentages or specific amounts:

 Unrestricted \_\_\_\_\_\_\_\_  Construction \_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_

 Programs \_\_\_\_\_\_\_\_  Endowment \_\_\_\_\_\_\_\_  Operations \_\_\_\_\_\_\_\_



Please contact Vice President Diane Robertson Tracy at 734-277-499 or DianeRTracy@gmail.com if you have any questions or would like any additional information.

Please return your completed form to:

Benzie Wellness and Aquatic Center

PO Box 2204

Frankfort, MI 49635.

Thank you!