

LEGACY INTENTION FORM

(GENERAL ACKNOWLEDGEMENT)

Individuals who include the Foundation of Wesley Woods ("the Foundation") in their estate plans become members of our coveted Torchbearers Society. Knowing your intentions helps us plan. Please complete and return this form to document your non-binding estate gift to the Foundation.

Name(s):			
Address:	City:	State: Zip:	
Email:	Phone: (Home)	(Cell)	
Date of Birth:	Spouse's date of birth:	Spouse's date of birth:	
It is my/our intent to leave a leg	gacy to the Foundation of Wesley Woods th	rough the following vehicle(s):	
□ Designation in a will, trust, or	other estate plan		
$\hfill\square$ Beneficiary of an IRA or Retire	ement Plan, such as 401K or 403(b)		
□ Charitable Remainder Trust			
☐ Beneficiary of Life Insurance I	Proceeds or Beneficiary Designation		
	f my/our future gift to the Foundation is app r estate, please indicate the approximate prese		
☐ Allocate my/our gift to the a		in value of the percentage.	
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, • , ,	illing, please provide us with copies of any o	documents (or the relevant	
* We hope that you will share the and be able to recognize you a	e estimated current value of your gift with us so ccordingly.	that we will know of your generosity	
**Gifts allocated to the area of gat Wesley Woods.	greatest need are especially beneficial due to e	ever-changing priorities and needs	
Please enroll me in the Torchbe	earers Society under the following condition	s:	
$\hfill \Box$ Feel free to publish my/our no	ame(s) among your list of Torchbearer men	nbers	
For recognition purposes	s, please list my name as:		
□ Do not list my/our name(s) ei	ther internally or externally (anonymous gift)	
Donor signature	Date:		
Donor signature	Date:		
For questions, contact Maggie Me	edlock 404-282-8674 or Maggie.medlock@wesle	eywoods.org	

Return to: Foundation of Wesley Woods | 1817 Clifton Road NE, Atlanta, GA 30329

Or scan and email to Maggie.Medlock@wesleywoods.org.