

BEQUEST INTENT FORM

I/We desire to provide for the future well-being of The Arc Montgomery County, Inc. through a provision in my/our estate plan(s), as specified in this document. Gifts should be designated to The Arc Montgomery County, Inc. using the organization's full legal name.

Name(s): _____

Address: _____

Phone: _____ Email: _____

Date(s) of Birth: _____

I/We have made a provision to leave a legacy gift to The Arc Montgomery County, Inc. through my/our:

- | | |
|---|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> Trust/Living Trust | <input type="checkbox"/> Percentage of Estate: _____ % |
| <input type="checkbox"/> Retirement Plan or IRA | <input type="checkbox"/> Other (please specify):
_____ |

I/We wish to inform The Arc Montgomery County, Inc. for planning purposes only, that the approximate value is \$ _____ (please note that the amount is confidential). I/We understand that I/we may choose to add, subtract, or revoke this bequest at any time.

- I/We would like these future funds to be designated to the area of most need.
 I/We would like to discuss the designation of my gift to a particular program.

Gift Recognition

- The Arc Montgomery County may publish my name(s) in the list of Legacy Society members.
I/We would like my/our name(s) published as follows: _____
- I/We do not want my/our name(s) published.

Signature(s)

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

Please return to:

The Arc Montgomery County
Attn: Engagement
7362 Calhoun Place
Rockville, MD 20855

Fax: 301.816.2429
Email : Engagement@arcmontmd.org
Phone : 301.984.5777