

CGTI



CareGiver Training Institute

Legacy Society

Name(s): _____

Address: _____ City/State/Zip: _____

Phone Numbers (home): _____ (cell): _____

Email(s): _____

_____ I/we have included CGTI in my/our estate plan.

_____ I/we would welcome a conversation to discuss our estate planning options.

Gift Details

I/we have made estate planning provisions by use of one of the following vehicles:

- | | |
|--|---|
| <input type="checkbox"/> <i>Bequest in will</i> | <input type="checkbox"/> <i>Life Insurance policy</i> |
| <input type="checkbox"/> <i>Remainder of IRA and/or other retirement plans</i> | <input type="checkbox"/> <i>Trust Fund</i> |
| <input type="checkbox"/> <i>Endowment Fund through _____</i> | <input type="checkbox"/> <i>Gift of real estate, securities or other property</i> |
| <input type="checkbox"/> <i>Other _____</i> | <input type="checkbox"/> <i>Prefer not to provide details</i> |

Recognition Permission

_____ CGTI may publicly acknowledge me/us in order to encourage others.

Note: we do not publish donor names, but we may wish to invite Legacy Society members to public events or encourage others to join using your name.

Name(s) as I/we prefer to be listed: _____

_____ I/we prefer to remain anonymous.

Donor Signature(s)

Date