

**For staff use only**

 **Staff initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration of Future Intent**

This form is designed to assist in providing the specific language and estimated value of a provision in your estate plans or other deferred gift to Homes For Our Troops (HFOT). By supplying the details of your gift provision contained in your will, trust, life insurance policy, or retirement account beneficiary designation, you can help ensure that your gift is administered in accordance with your wishes. Any information about your estate plans will be retained in HFOT’s confidential files and is NON-BINDING.  HFOT does not produce donor reports or other forms of public recognition and **never** shares any donor information without express permission from the donor.

Please complete this form and return it via mail or email to:
Suzanne Shaheen, Planned Giving Officer
Homes For Our Troops

6 Main Street, Taunton, MA 02780

sshaheen@hfotusa.org

**Gift Type:**

€ Will or Trust Bequest      € Retirement Account       € Life Insurance        € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please include a copy of the pertinent page(s) from the document that establishes your gift*.

**Gift Value:**

The current estimated value of my gift is approximately $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which represents
€ a specific dollar amount or   € \_\_\_\_\_\_\_\_% of my estate.

*This estimate helps HFOT make long-term plans regarding the designated fund or program you wish to support as well as apply this amount to its fundraising goals.* Providing an estimated amount **in no way** obligates you.

**Communication Preferences:**

HFOT wants to communicate information about the results of your generosity in a way and at a frequency that is comfortable for you.  Please share your preferences below:

€ Phone   € Email  € Phone and/or email   € Printed communications only € Please do not reach out to me

If you’d like to receive updates on Veterans building close to you, please check here: €

**Signature:**

Your signature verifies that the provided information is accurate as of the date signed. HFOT recognizes that values of deferred gifts, as well as the provisions themselves, may change over time and are therefore non-binding.

Signature Today’s Date

Printed name Date of Birth

Email address Best phone number to reach you

Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_