Legacy Gift Intention Form

Thank you for including Amazing Place in your estate plans. By sharing your intentions with us, you help Amazing Place plan for the future, steward your generosity appropriately and honor your wishes for recognition and communication. This form is for our confidential records and is not legally binding.

Please return this completed form to:
Mary Kristen Valentine, Chief Advancement Officer
Amazing Place
3735 Drexel Dr.
Houston, Texas 77027

We will hold this information completely confidential unless you give us permission to recognize you. If you have questions, please contact Mary Kristen at 281.571.7339 or mvalentine@amazingplacehouston.org.

1. Donor Information

Name(s):	
Preferred name for correspondence:	
Mailing address:	
City, State, ZIP:	
Phone:	
Email:	
Date of birth (optional):	
Spouse/partner name, if applicable:	

2. Legacy Gift Intention

Please indicate the type of planned gift you have made or intend to make for the benefit of Amazing Place. You may provide as much detail as you are comfortable sharing.

- ☐ Bequest through a will or trust
- ☐ Beneficiary designation from a retirement plan, IRA, life insurance policy, bank account, brokerage account, or donor-advised fund
- ☐ Real Estate, closely held stock, or other property
- ☐ Charitable gift annuity
- ☐ charitable remainder trust or charitable lead trust
- ☐ Other: _____

Estimated gift amount or percentage	☐ Specific amount: $_____ ☐ Percentage: _____ % ☐ Remainder/residual ☐ Other: _____
Is this gift revocable?	☐ Yes ☐ No ☐ Unsure
Date estate documents or beneficiary forms were completed or last updated	
Gift purpose	☐ Unrestricted, to support Amazing Place's greatest needs ☐ Restricted for: _____

3. Recognition Preferences

We are grateful for the opportunity to recognize legacy donors in ways that inspire others, such as in annual reports, donor listings, or legacy society materials (coming soon). Please indicate your preference:

- ☐ Yes, I/we would like to be publicly recognized.
- ☐ Please list my/our name(s) as: _____
- ☐ No, I/we prefer to remain anonymous.
- ☐ Please contact me/us before making any public recognition.

4. Estate Planning and Advisor Information

This information is optional and helps us coordinate appropriately if future communication is needed.

Attorney or estate planning professional:	
Firm or organization:	
Phone:	
Email:	
Executor, trustee, or personal representative, if known:	

5. Additional Information or Special Instructions

Please use this space to share any additional information, special wishes, or details that would help Amazing Place honor your legacy gift appropriately.

_____

_____

_____

6. Confirmation

I/we understand that this form is a statement of current intent and is not a legally binding pledge or contract. I/we may change or revoke this intention at any time. Amazing Place encourages donors to consult their own legal, financial, and tax advisors when making estate planning decisions.

Donor signature:	Date:
Spouse/partner signature, if applicable:	Date:

For Internal Use Only

Date Received: _____Received By_____

Legacy Society Enrollment Date: _TBD_____

Estimated Gift Value Recorded: ☐ Yes ☐ No

Recognition Preference Recorded: ☐ Yes ☐ No

CRM Updated: ☐ Yes ☐ No

Additional Notes:_____