

Planned Giving

for Herman Prior Senior Services Centre Inc.

#108084211 RR 0001

BEQUEST ACKNOWLEDGEMENT/ CONFIRMATION FORM

Date: _____

Name of Donor: _____

Name of Spouse (or other beneficiary): _____

Date(s) of Birth: ____/____/____ ____/____/____

Donor

(Beneficiary)

Part 1 CONFIRMATION Please let us know the terms of your bequest.

A. Type of Bequest:

I have provided for Herman Prior Services for Seniors Centre Inc.
through my

Will *Retirement Plan* *Trust* *Insurance Policy*

B. Designation of Bequest:

Unrestricted: Please use the proceeds in support of those areas with
the greatest need, as determined by the Board.

Temporarily Restricted: Please use the proceeds as expendable
support for the following _____

General Endowment: Please add the proceeds to the Herman Prior
Senior Services Centre Agency Fund with the Community Foundation of
Portage and District

C. My bequest is in the following form and amount:

Estimated \$ Amount/ % of Estate or Trust: \$ _____ & _____ %

Cash: Amount \$ _____

This includes stocks, bonds and other liquid assets.

Specific:

A specific bequest is one in which you designate specific assets to Herman Prior Services for Seniors Inc, such as stock or real estate.

Residuary: Estimated Amount \$ _____

Herman Prior Services for Seniors Inc is bequeathed the remainder of your estate after other bequests, debts, taxes and expenses have been paid.

Contingent: Terms _____

A bequest to Herman Prior Services for Seniors Inc takes place only if the beneficiaries in your will predecease you.

PART II ACKNOWLEDGEMENT Please let us know if/how we may recognize your generosity.

YES, I give Herman Prior Services for Seniors Inc permission to publish my/our names(s) in university publications and donor acknowledgements.

How do you wish your name(s) to be listed in any publications that acknowledge your gift intention?

NO, I wish my gift to remain anonymous.

Donor's Signature

_____/_____/_____
Date

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