



691 Central Avenue
New Providence, NJ 07974

(908) 516-5566
foundation@njsharingnetwork.org
www.SharingNetworkFoundation.org

PLANNED GIVING INTENT

Thank you for including the Sharing Network Foundation in your future charitable plans. By sharing your intention, you are recognized as a member of our Legacy Circle, a special group of supporters whose forward-thinking generosity helps ensure the future of our lifesaving mission.

The information below helps us understand your intentions so we may honor your generosity and plan for the Foundation's long-term impact. This form is a statement of intent only and does not create a legal obligation. Planned gifts may be modified at any time.

All planned gifts will support the Sharing Network *Foundation* Endowment, helping ensure the long-term sustainability of our mission.

GIFT INFORMATION

I/We have included the Sharing Network *Foundation* in my/our estate plans through one or more of the following (check all that apply):

- Bequest** through my/our will or trust
- Life Insurance** designation
- Retirement Plan Beneficiary** (IRA, 401(k), or similar)
- Life Income Gift** (e.g., Charitable Gift Annuity or Charitable Remainder Trust)
- Donor-Advised Fund (DAF)** designation
- Other Planned Gift** (please describe): _____

ESTIMATED GIFT VALUE (OPTIONAL)

Approximate value: \$ _____

CONTRIBUTOR INFORMATION & LEGACY CIRCLE RECOGNITION

The Sharing Network *Foundation* may publicly recognize my/our commitment and include me/us as a member of the **Legacy Circle**, now and in the future: Yes No

Name: _____ DOB: ____/____/____

Spouse Name: _____ DOB: ____/____/____

Address: _____

City / State / ZIP: _____

Phone: _____ Email: _____

Contributor Signature(s): _____ Date: _____

Please return completed form to the Sharing Network Foundation:

foundation@njsharingnetwork.org | 691 Central Avenue, New Providence, NJ 07974