691 Central Avenue
New Providence, NJ 07974

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

Statement of Planned Gift Intent

Thank you for informing the Sharing Network *Foundation* of your planned gift. By sharing your intention, you are recognized as a member of our Legacy of Hope 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, unless otherwise directed, 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): _____

GIFT DETAILS (OPTIONAL)

Approximate value: $_____

Percentage of estate or designated asset (if applicable): _____%

Additional information: _____

CONTRIBUTOR INFORMATION & LEGACY OF HOPE CIRCLE RECOGNITION

The Sharing Network *Foundation* may publicly recognize my/our commitment and include me/us as a member of the **Legacy of Hope 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