



Evergreen Legacy Society Gift Intention Form

I/We wish to strengthen and sustain the important mission of Pine Castle, not only today but for years to come. Please enroll me/us as a member(s) of the *Evergreen Legacy Society*.

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Email(s): _____

Please indicate the type and anticipated value of your gift. All information provided will be kept in the strictest confidence and be used for internal planning purposes only. Pine Castle acknowledges that the future value of your gift may be significantly different than the original estimated value.

PLANNED GIFT

Will Living/Revocable Trust Irrevocable Trust Life Insurance

Designated Beneficiary of: _____

DESCRIPTION

A specific amount: \$ _____ A gift of a specific asset: _____

A percentage of the residuary of my estate, trust, or retirement plan: _____%

Please add any details you wish to share: _____

Estimated value of my/our gift: \$ _____

Please select an option:

Pine Castle may include my/our name(s) to publicly acknowledge our gift intention as follows:

Printed Name(s): _____

I/We wish to remain anonymous.

I/We understand this Intention Form is not legal or binding. If my/our planned gift should change, we will notify Pine Castle.

Signature

Signature

Date

Please return form to Anthony Sutton, asutton@pinecastle.org or mail to:

Pine Castle

Attn: Anthony Sutton

4911 Spring Park Rd.

Jacksonville, FL 32207