A logo for a zoo

Description automatically generated

**Charitable Bequest Intention Form *(Confidential)***

*Please use this form to share your desire, barring any changes, to make a charitable bequest to the Forest Park Zoological Society (Federal tax ID #046145635).*

*This form is for informational purposes only. We pledge to hold this information in the strictest of confidence.*

**Donor Intent and Information:**

As evidence of my desire to inspire our community to respect and value the natural world through education, conservation and rehabilitation, I wish to inform the Forest Park Zoological Society that you have been named in my estate plans.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME DATE OF BIRTH

**As of this date, the approximate value of my/our gift is $\_\_\_**

If the gift is a percentage of the estate, please indicate the percentage. \_\_\_\_

**My/our gift will be made through the following:**

**Beneficiary or Payable on Death (POD) Designations**

☐Bank/investment accounts

☐Brokerage Account

☐Certificate of deposit (CD)

☐ Charitable Gift Annuity

☐Donor Advised Fund (DAF)

☐Life Insurance

☐Retirement plan assets

(e.g. IRA, 401(k), 403(b))

☐Savings account

**Will**

☐Beneficiary in a will

**Trust**

☐Beneficiary in a living trust

☐Charitable Remainder Trust

☐Charitable Lead Trust

**I/We designate this gift to be used for:**

☐ UNRESTRICTED support

Please direct this gift to the area of greatest need.

☐ RESTRICTED support (designate below):

☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gift Recognition:**

☐ I/we give the Forest Park Zoological Society permission to list my/our name(s) as donor(s) of a legacy gift.

☐ I/we prefer that our gift be anonymous.

☐ I/we would like to share my/our story to inspire future planned gifts to the Forest Park Zoological Society

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Full name as you would like it to appear for recognition (plaques, articles, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME

*Please share this form with your legal representative, and return a copy to:*

Sarah Tsitso

Executive Director

The Zoo in Forest Park & Education Center

P.O. Box 80295

Springfield, MA 01138