

# The Will to End Hunger Society

## Statement of Gift Intention - Blue Ridge Area Food Bank

I/We have made provisions in my/our estate plan to include the Blue Ridge Area Food Bank as a  beneficiary  contingency beneficiary of my (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Bequest in a Will or Trust             | <input type="checkbox"/> Life Insurance Policy                  |
| <input type="checkbox"/> Revocable Trust                        | <input type="checkbox"/> Life Insurance Beneficiary Designation |
| <input type="checkbox"/> Charitable Remainder or Lead Trust     | <input type="checkbox"/> Charitable Gift Annuity                |
| <input type="checkbox"/> Retirement/IRA Beneficiary Designation | <input type="checkbox"/> POD or TOD Financial Account Transfer  |
| <input type="checkbox"/> Other (please specify) _____           |   |

Estimated value of gift: \_\_\_\_\_ as of date \_\_\_\_\_

### My/our gift is:

- In memory/honor of : \_\_\_\_\_
- Unrestricted (use where the need is greatest)
- Unrestricted but I prefer to support (geographic area): \_\_\_\_\_
- My/our gift is designated for the following purpose: \_\_\_\_\_  
*Let's talk about your ideas and goals before you put something binding in place!*

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
*(As you wish it to appear in publications; see below to opt-out of such recognition)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Identify as: Home, Business, Mobile*

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

### Recognition:

- The Blue Ridge Area Food Bank may include my name as a member of *The Will to End Hunger Society*, for possible public recognition purposes. *(Neither the amount nor designation, if provided, will ever be publicized.)*
  - Include my spouse as a "joint" member with me.
- I/we prefer to keep my/our *future gift intention* anonymous.

### Return your completed form to:

Blue Ridge Area Food Bank, ATTN: Karen Ratzlaff, Chief Philanthropy Officer  
PO Box 937, Verona, VA 24482

**For assistance:** Call Karen Ratzlaff at (540) 213-8404 or email [kratzlaff@brafb.org](mailto:kratzlaff@brafb.org)

In the event of unforeseen circumstances requiring changes to the information I've provided, I agree to do my best to notify the Blue Ridge Area Food Bank of such change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Attachments that further describe the nature of the above provision(s) are welcome in addition to a copy of that section of the will or trust in which the Blue Ridge Area Food Bank is mentioned.  
Completion of this form is not intended to be, nor is it, legally binding.*