



Planned Giving Statement of Intent

This statement is an expression of my intent to provide for the future of the Els for Autism Foundation through a planned or estate gift. The provision(s) made include the following:

- An outright bequest upon the passing of the donor, or the passing of the donor and spouse.
- A life insurance policy, in which Els for Autism is named as beneficiary or owner and beneficiary.
- Retirement assets, in which Els for Autism is named as a beneficiary.
- A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.
- Other (please specify) _____

It is my wish that the gift be used:

- At the Els for Autism Foundation's discretion, to create the greatest impact in the autism community by supporting its most compelling needs and opportunities.
- For the following existing program(s) or purpose:
 - Capital Campaign
 - Programs & Services

I would like to work with the Els for Autism Foundation to create a memorandum of understanding that details the purpose of my gift. Yes _____ No _____

Please include a copy of the will, life insurance policy, trust or other documentation clearly stating Els for Autism as the designated beneficiary.

Recognition*

The Els for Autism Foundation appreciates the opportunity to acknowledge your commitment to the autism community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

_____ I (we) permit Els for Autism to use my/our name(s) in printed lists of planned gifts, which may appear in the Foundation's annual report, newsletter, web site and/or other publications. Please use the following name(s) in any acknowledgement:

_____ I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

_____ I (we) prefer to remain anonymous during and after my/our lifetime(s).

Donor Signature

Date

Printed Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: (H) _____

(W) _____

(C) _____

email: _____

Date of Birth: _____

Spouse's Signature

Date

Printed Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: (H) _____

(W) _____

(C) _____

email: _____

Date of Birth: _____

Thank you for your commitment to the autism community and your investment in its future. If you have any questions, please contact the Els for Autism Foundation at 561-625-8269 or marlene.sotelo@elsforautism.org.

**Note for couples: We are happy to list you either separately or as a couple, depending on your preference. If you would like to be recognized as a couple, please complete this form accordingly. If you are making separate planned gifts and prefer to be listed individually in all documents and/or publications, please submit separate forms, one in each name.*