



ERNIE ELS  
ELS FOR AUTISM®

# 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 a 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 discretion of Els for Autism Foundation, to create the greatest impact in the autism community by supporting its most compelling needs and opportunities.

\_\_\_\_\_ For the following existing program(s) or service(s):

\_\_\_\_\_

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 applicable portion 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, website and/or other publications. Please use the following name(s) in any acknowledgment:

\_\_\_\_\_

\_\_\_\_\_ 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:*

\_\_\_\_\_

*Phone:*

*Mobile:*

*Other:*

\_\_\_\_\_

*Email:*

*Date of Birth:*

\_\_\_\_\_

\_\_\_\_\_ *Spouse's Signature* \_\_\_\_\_ *Date*

*Printed Name:*

\_\_\_\_\_

*Address:*

\_\_\_\_\_

*City:*

*State:*

*Zip:*

\_\_\_\_\_

*Phone:*

*Mobile:*

*Other:*

\_\_\_\_\_

*Email:*

*Date of Birth:*

\_\_\_\_\_