



## A Commitment To The Future

*Serving Archer, Baylor, Clay, Foard, Haskell, Jack, Knox, Montague, Throckmorton, Wichita, Wilbarger, and Young County.*

### Planned Gift Intention Form

To demonstrate my/our commitment to providing for neighbors experiencing hunger, I/we have included the Wichita Falls Area Food Bank in my/our estate plans. *Note: All information provided will be kept strictly confidential and used for internal planning only.*

Name(s): \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your type(s) of planned gift below. To better plan for your gift, please provide information noted in *italics*.

\_\_\_ Bequest in my/our will (*percent/dollar amount*): \_\_\_\_\_

\_\_\_ Trust (*percent/dollar amount*): \_\_\_\_\_

\_\_\_ Retirement Plan Beneficiary (*primary/contingent*): \_\_\_\_\_

\_\_\_ Life Insurance Plan Beneficiary (*primary/contingent*): \_\_\_\_\_

\_\_\_ Endowment or Donor-Advised Fund (*name of provider*): \_\_\_\_\_

\_\_\_ Charitable Gift Annuity at (*name of provider*): \_\_\_\_\_

\_\_\_ Other (*real estate, land, business, securities*): \_\_\_\_\_

Estimated Value Of Your Planned Gift: \_\_\_\_\_

Please Add Any Details You Wish To Share: \_\_\_\_\_

Name And Phone Number Of Attorney Or Professional Advisor (*optional*): \_\_\_\_\_

### Sample Bequest Language

"I give, devise, and bequeath to the Wichita Falls Area Food Bank, \_\_\_\_\_ (*insert a sum or percentage of your estate*) from my estate as an unrestricted gift."

Legal Name:	Wichita Falls Area Food Bank
Mailing Address:	P.O. Box 623, Wichita Falls, TX 76307
Physical Address:	1230 Midwestern Parkway, Wichita Falls, TX 76302
Tax ID #:	75-1812865

WFAFB.ORG

(940) 766-2322

P.O. BOX 623, WICHITA FALLS, TX 76307 | 1230 MIDWESTERN PARKWAY, WICHITA FALLS, TX 76302



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### Nourish Tomorrow: The Legacy Society

The Legacy Society honors those who have made a planned charitable gift to the Wichita Falls Area Food Bank. Recognition includes invitations to special events and inclusion in the Annual Impact Report.

**Please record your name(s) exactly as you wish to be acknowledged or indicate if you prefer to make your planned gift anonymously.**

Name(s): \_\_\_\_\_

\_\_\_\_ I/we prefer to make this planned gift anonymously.

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

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

### Please Return This Completed Form And Accompanied Questions To:

Wichita Falls Area Food Bank  
Attn: Development  
P.O. Box 623, Wichita Falls, TX 76307

development@wafb.org

Phone: (940) 766-2322

### A Charity You Can Trust:



*\* Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional advisor. The Wichita Falls Area Food Bank is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Tax ID #: 75-1812865. All gifts are tax-deductible to the extent allowable by law.*

*Planned gifts will be used at the discretion of the organization and may be used in a match fund, capital campaign, or endowment. Unless your planned gift is specifically restricted, the Wichita Falls Area Food Bank's leadership team and board of directors will determine the best use of your generous contribution.*

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