



CONFIDENTIAL - STATEMENT OF INTENT

Please note – this form is not a legal obligation and is non-binding. You may modify or revoke these plans at any time.

Donor(s) Name(s): _____

Primary Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

I/we have included or plan to include the United Way of Greater Stark County in my/our estate plans through:

Will Trust Retirement Plan IRA Life Insurance

Other: _____

Amount Anticipated: _____

Your gift will be recognized through the United Way of Greater Stark County, unless otherwise indicated.

Please recognize my/our name as follows: _____

Please DO NOT recognize.

Any additional information you wish to provide us about this gift: _____

Signature: _____