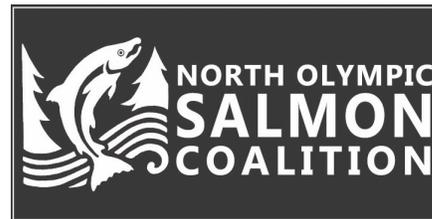


# Bequest Intention Form

CONFIDENTIAL



Thank you for your generous bequest commitment to the North Olympic Salmon Coalition. Please take the time to fill out this form so we can better understand your intentions for the gift. The information you provide is not legally binding and we understand that you may wish to change your gift in the future. Questions should be directed to Jim Stanger at (360) 379-8051 or email [jstanger@nosc.org](mailto:jstanger@nosc.org)

Name(s) (print): \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

I have included North Olympic Salmon Coalition as a beneficiary of my:

- Will/Living Trust  Retirement Plan/IRA  Savings Account  Life Insurance Policy
- Revocable Living Trust  Charitable Remainder Trust  Donor Advised Fund  Real Estate
- Other Asset: \_\_\_\_\_

Is your gift contingent?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

The value of my bequest is:

- A specific amount of: \$ \_\_\_\_\_
- A percentage, worth approximately (best guess): \$ \_\_\_\_\_

How would you like to be recognized for your gift?

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

- I/We would like to be listed as (a) Legacy Circle member(s) in publications including the dollar range of the gift.
- I/We would like to be listed as (a) Legacy Circle member(s) in publications, only my/our name(s) and no dollar range.
- I/We wish to keep our gift anonymous.

I/We are willing to be contacted to provide a testimonial quote or be interviewed for a story to inspire others to make a bequest to North Olympic Salmon Coalition.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to: NOSC Planned Giving, PO Box 197, Port Townsend, WA 98368

Direct questions about Legacy Giving to: Jim Stanger, [jstanger@nosc.org](mailto:jstanger@nosc.org) or 360-379-8051