

Planned Gift Intention Form

To demonstrate my/our commitment to support continued efforts to share the gift of sight made possible through eye donation, ocular research, and pathology services, I/we have made charitable provisions for Beauty of Sight Foundation in my/our estate plans.

Name(s):			
Birthdate(s):			
Address:			
	City	State	Zip
Home Phone: ()	Mobil	e Phone: ()	
Email:			
Please indicate your type(s) of planne to be legally binding, but notification of		e, completion of this	form is not intended
Bequest in my will	Life insurance beneficiary	☐ Family fo	oundation beneficiary
	Retirement plan beneficia		•
	retirement plan beneficia	ту оппет	
Estimated value of your planned gift (optional):		
Name/Phone # of Attorney or Advisor	(optional):		
Recognition: With your permission, Borecognize your gift and to encourage of prefer.		•	•
Your name(s) to be used for recognition	on:		
☐ I/we prefer to make this planned			
Signature		Da	ate
Signature		Da	ate
Please return this completed form and	d address any questions to	o:	
Cheryl Lawko, developer		-	
Beauty of Sight Foundation, 9	•	48, Miami, FL 3313	6
clawko@beautyofsight.org	Phone: (305) 326-6359		

Beauty of Sight Foundation is a tax-exempt nonprofit organization recognized by section 501 (c)(3) of the Internal Revenue Code. Tax ID #81-3526426. Contributions are tax deductible as allowed by law. 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.