

510 North Leroux Street Flagstaff, AZ 86001 928-779-4492

## Beacon Endowment Fund Statement of Intention to Provide a Legacy Gift

Please keep a copy of this document with your Will and discuss this gift plan with your attorney, financial advisor or other agent to assure the proper steps are taken to enact your wishes.

Name	Birth date		
Name	Birth date		
Address	 City	State	
Phone	Email		
May we recognize you for this gift on our	Endowment Ap	preciation Plaque?	-
Please be advised that I have made the fo to the Beacon Endowment Fund Tax ID #			<b>quest</b>
A Bequest in my Will or my Trust.			
A Beneficiary Designation on my Retiremen	nt Accounts, my Lif	e Insurance or Annuity Progr	am.
Other Planning Documents:			
Who should be contacted to facilitate copassing)?	mpletion of your	legacy gift ( <mark>after your</mark>	
Please contact:			
Name:			
Address:			
Phone/Email:			
If life circumstances require a change in	your legacy plan	nning, please let us know.	•
Signature Signatur	re	Date	

**Endowment Board of Governors**: Barry Brenneman, Rich Clark, Mary Poore, Holly Taylor and Steve Zeldes