



A Legacy of Love

Planned Giving Intention Form



YOUR INFORMATION

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

HAPPY TAILS PROGRAM

☐ I am interested in the Happy Tails Program. Please contact me with more information.

☐ I have already enrolled my pet(s) in the Happy Tails Program.

YOUR PLANNED GIFT

☐ I have included HSNCF in my estate plans.

☐ I am considering a planned gift. Please contact me.

Gift type (check all that apply):

☐ Will or trust ☐ Retirement account

☐ Life insurance ☐ Other: _____

Estimated gift (optional): \$ _____ or _____ % of my estate/account

☐ I prefer not to share the amount.

HOW YOU WOULD LIKE YOUR GIFT USED

☐ Where the need is greatest.

☐ For a specific purpose: _____

☐ Please contact me to discuss my wishes.

RECOGNITION

☐ You may recognize my name as a planned giving supporter.

Name(s) as you would like listed: _____

☐ I prefer to remain anonymous.

Signature: _____ Date: _____

This form is a nonbinding statement of intent, not a legal pledge. You may change or cancel your plans at any time. It does not create or amend a will, trust, or beneficiary designation.