



Planned Gift Intention Form

To demonstrate our/my commitment to standing alongside single mothers and their children, I/we have made charitable provisions for EmERGE Mothers Academy in my/our estate plans.

**Note: All information provided below is non-binding and will be kept in the strictest confidence and used for internal planning only, unless otherwise arranged in advance with the Executive Director.*

Name(s): _____

Birthdate(s): _____

Street Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Email: _____

Please indicate your type(s) of planned gift below. *Optional: Please provide information noted in italics.*

- _____ Bequest in my/our will (*percent/dollar amount*)
- _____ Trust (*percent/dollar amount*)
- _____ Retirement Plan Beneficiary (*primary/contingent*)
- _____ Life Insurance Plan Beneficiary (*primary/contingent*)
- _____ Family Foundation Beneficiary
- _____ Endowment or Donor Advised Fund (*name of provider*) _____
- _____ Charitable Gift Annuity at (*name of provider*) _____
- _____ Other (*real estate, land, business, securities*) _____

Estimated value of your planned gift: \$ _____

Please add any details you wish to share: _____

Name and Phone Number of Attorney or Financial Advisor (optional):

Sample Bequest Language you may use

“I give, devise, and bequeath to EmERGE Mothers Academy, a nonprofit corporation [insert a sum or percentage of your estate] as an unrestricted gift.”

Legal name: EmERGE Mothers Academy
Address: P.O. Box 46226 Minneapolis, MN 55446
Tax ID #: 45-4236957



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Emerge Mothers Academy wishes to honor those who have made a planned charitable gift. Recognition may include invitations to special events and inclusion in printed materials. Please note your name(s) exactly as you wish them to appear, or let us know if you prefer to make your planned gift anonymously.

Name(s): _____

_____ I/we prefer to make this gift anonymously

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this completed form and address any questions to:

Emerge Mothers Academy

Attn: Rebecca Erickson, Executive Director

P.O. Box 46226

Minneapolis, MN 55446

Becca@emergetwintcities.org

Phone: 612-910-9962 (cell)

**Completion of this form is not intended to be legally binding, but notification of interest. Please discuss your planned giving intentions with your professional advisor. EmERGE Mothers Academy is a tax exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Tax ID # 45-4236957. Contributions are deductible as allowed by the law.*

Planned gifts will be used at the discretion of the organization, and may be used as a match fund, capital campaign, or endowment. Unless your planned gift is specifically restricted, EmERGE Mothers Academy's executive director and board of directors will determine the best use of your generous contribution.

Thank you for your generous commitment to equipping single mothers to overcome adversity and emerge as confident and caring moms!