

## **CCA Planned Gift Intention Form**

We want to thank you for your incredible support! By including a gift for Children's Craniofacial Association (CCA) in your will, you have empowered and gave hope to individuals and families affected by facial differences to be a part of your personal legacy.

The information you provide here about your legacy gift for CCA will ensure that our records are accurate, and we can make sure your wishes for your gift are honored at the time your gift is received. This information is not binding in any way, and you can change your plans at any time. All information will be kept confidential. If you have any questions, please contact Christine Andler at (214) 570-9099 or candler@ccakids.com.

| Please indicate | ate below how your future gift intention will be fulfilled for CCA:                                  |
|-----------------|--|
|                 | _ A gift in my will or trust.  |
|                 | _ A percentage of an IRA or other qualified retirement plan.   |
|                 | _ A beneficiary of a life insurance policy.  |
|                 | A beneficiary of a charitable remainder trust.   |
|                 | <ul> <li>A beneficiary of all or a percentage of funds remaining in my donor-advised fund</li> </ul> |
|                 | _ Other  |
|                 |  |
| Is this a perd  | centage or specified amount?   |
|                 | _ This gift is a percentage of my estate or account's value.   |
|                 | _ This gift is a specific amount.  |
| Please confi    | rm your contact information.   |
| Full Name:      | ·  |
| Address:        |  |
|                 |  |
|                 |  |
| Phone:          |  |
| Email:          |  |
|                 |  |
| Signature       | Date:  |