



***Partners in Promoting Independent Living***

***Planned Gift Intention Form***

***Planned Giving Strategy:***

***An impactful way to support charitable causes that enhance YOUR legacy  
while supporting your community.***

**Thank you for sharing your intention to support our mission:**

***Promoting Independent Living for People of All Ages.***

***This planned gift intention form helps us understand your wishes so we may honor them appropriately.***

***Completing this form does not create a legal obligation and may be revised at any time.***

**LifeSpan Resources Legacy Circle**

The LifeSpan Resources Legacy Circle honors those who have designated a charitable gift to our agency as part of their estate planning. Recognition includes invitations to special events, inclusion in our Annual Report and acknowledgement on the Legacy Circle website, gala program and Senior Games Loved Ones Book. 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 planned gift anonymously.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Our expert consultants are available to help  
you with planned giving strategies:**

**Kate Biagi-Rickert, Financial Advisor  
Dave Lobeck, Financial Advisor  
James P. Plitz, Attorney  
J. Scott Waters, Attorney  
Peggy Timmel, Attorney  
(Contact Information Upon Request)**

**Please return this completed form and address questions to:**

**Lucy Koesters, Chief Business Development Officer  
LifeSpan Resources  
33 State St., PO Box 995, New Albany, IN 47151  
lkoesters@lsr14.org  
Phone: 812-206-7938**

***All information provided will be kept in the strictest confidence and used for internal planning only.***

**Legal Name: LifeSpan Resources Inc.**

**Address: 33 State St., PO Box 995, New Albany, IN 47151**

**Tax ID: 35-1306887**

**NOTE:**

***Please see BACK of page to  
specify your intention.***





## Planned Gift Intention Form

### Partners in Promoting Independent Living

YES! To demonstrate my/our commitment to support LifeSpan Resources' continued efforts to improve the lives of thousands of Southern Indiana residents and their need to live independently, I/We have made charitable provisions for LifeSpan Resources in my/our estate plan.

Name(s): \_\_\_\_\_

Birthdate(s): \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

This gift is intended to support: \_\_\_\_\_ General Purpose \_\_\_\_\_ Specific Program (specify:)

(Meals on Wheels, Transportation, Senior Games, etc.)

Please indicate your type(s) of planned gift below.

Planned Gift Option	Percentage/Dollar Amount (optional)	Primary Beneficiary/Contingent Beneficiary Name of Provider for Endowment/Trust/ IRA, etc.
Bequest in my/our will		
Trust		
Retirement Plan Beneficiary		
Life Insurance Beneficiary		
Family Foundation Beneficiary		
Endowment or Donor Advised Fund (name of provider)		
Other (real estate, land, securities, etc.)		

Estimated value of your planned gift (optional): \_\_\_\_\_

Name and Phone Number of Attorney or Financial Advisor: \_\_\_\_\_

**Sample Bequest Language:** "I give, devise, and bequeath to LifeSpan Resources, Inc., a 501(c)3 non-profit corporation, \_\_\_\_\_ (insert a sum or percentage of your estate) as an unrestricted gift."

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**Tax ID:** 35-1306887

*\*Completion of this form is not intended to be legally binding, but as notification of intent. Please discuss your planned giving intentions with your professional advisor. LifeSpan Resources is a tax-exempt nonprofit organization recognized by section 501(c)3 of the Internal Revenue Code. Contributions are deductible as allowed by law.*

*Planned gifts will be used at the discretion of the organization, and may be used in a match fund, capital campaign or endowment. Unless your planned gift is specifically restricted, LifeSpan Resources executive leadership team will determine the best use of your generous contribution.*