## **DECLARATION OF FUTURE INTENT**



Thank you for your intention to include Bike East Bay in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

<del></del>		Updated Intent		
MY/OUR INFORMATION:				
Name (print):	Spouse name	(if joint gift):		_
Address:	City:	State:	Zip Code:	
Phone Number:	Email Address	:		
<b>GIFT INFORMATION:</b> I/We have provided a gift to Bike East Bay	as set forth in my/our:			
Will or Trust	Charitable Gift Annuit	су		
Life Insurance Policy	Charitable Remainder	Unitrust		
Retirement Plan or Beneficiary Designation (401(k), 403(B), IRA, Keogh, Brokerage Account)	Other Asset(s) (please describe):			
Bike East Bay is a contingent benefic	ciary of the indicated ass	et above (please e	explain):	
The current estimated value of my/our gif	ft is \$	. My/Our	gift is % (	of
the asset indicated above. If a percentage dollars \$				
GIFT PURPOSE:				
You can indicate that your gift be used for program that matters to you.	Bike East Bay's regional	and local prioritie	s or for a specific area or	•
Would you like your gift to be used for a	specific purpose?	Yes N	0	
If you checked yes, please tell us how to d	liroct your gift:			

Bike East Bay uses charitable gifts to support regional and local priorities unless otherwise specified by the donor.

RECOGNITION:			
How would you like to be recognized for your gift			
	onor(s), which may include listing my/our gift within a		
, , , , , , , , , , , , , , , , , , ,	ithin a dollar range, but you may list my/our name(s) as e(s) as:		
I/We wish to remain anonymous for this gift	t.		
ESTATE CONTACT INFORMATION:			
Although optional, the following information is ver	y helpful:		
<b>Executor, Trustee</b> (if your gift is through a Will, Trust):	<b>Administrating Company</b> (ie.TIAA, Fidelity, etc., if your gift is through a retirement account or life insurance policy):		
Name:	Name:		
Address:			
City, State: Zip Code:	City, State: Zip Code:		
Phone:			
Email:			
Additional Contact/Relationship you may wa	ant us to know (family, attorney, etc.)		
Name:	Relation:		
Address:	City, State: Zip Code:		
Phone:	Email:		
I/We understand this form does not create a bindi confidential. Bike East Bay understands that the siz	ing obligation and any details about my/our gift will remain te of my/our future gift may change.		
Signature:	Spouse Signature (if joint):		