



Tomorrow's Harvest

Planned Gift Notification Form

Name(s) _____

Address _____

Phone _____ Email _____

I/We have named Forgotten Harvest as a beneficiary of my/our:

Will or Revocable Trust

Charitable Remainder Trust

Life Insurance Policy

Retirement Assets

Charitable Gift Annuity through the Community Foundation for Southeast Michigan /Other

My/Our planned gift is:

Unrestricted (use where needed most) **OR** Program Area: _____

We wish to recognize you as a member of Tomorrow's Harvest for your intention to provide future support to relieve hunger in Metro Detroit.

I/We will allow our names to be listed on donor recognition wall and/or in Forgotten Harvest publications.

Please list as: _____

I/We prefer to remain anonymous.

Signature _____ Date _____

Signature _____ Date _____

To help Forgotten Harvest with future planning, please consider providing a copy of relevant portions of the legal or financial documents relating to your future gift and/or the following information:

Approximate dollar amount or percentage of gift: _____

Financial/Legal Advisor contact: _____

Please return to:

Kimberly Kalmar, Forgotten Harvest Planned Giving, 15000 W. Eight Mile Rd, Oak Park, MI 48237-2507
E-mail: kkalmar@forgottenharvest.org Phone: (248) 864-7525

Thank you!