

PLANNED GIVING CONTRIBUTION FORM

DONOR(S) Title(s) Address City	_Name(s) 	Zip
Date of Birth / / Email Address	<u>/</u> Phone	
·	, , , , , ,	address so we can stay in touch with you.
	rovision for the Lucy Dani	iels Center in my (our) estate planning to support ally healthy lives as follows:
OBEQUEST (PLEASE SELECT INTENDED TYPE BELOW):		
Cash amount Percentage of estate Appreciated securities Gift of art (Please attach a list of works if appropriate) Other property		
OCHARITABLE REMAINDER TRUST OCHARITABLE LEAD TRUST OREMAINDER OF RETIREMENT FUND		
We estimate the value of this commitment to be \$		
	COURAGE OTHERS TO CO	INSIDER MAKING A BEQUEST OR ESTATE GIFT TO ERMISSION TO PUBLISH OUR NAMES.
OTHIS GIFT IS ANONYMOUS.		
I/We request the fu OGREATEST NEED	unds be used: AS DETERMINED BY LUCY	' DANIELS CENTER
O FOR THE PROGRAMMATIC WORK OF LUCY DANIELS CENTER		
Please print and complete this form and mail or fax it to: Lucy Daniels Center, 9003 Weston Parkway, Cary, NC 27513 Attn.: Viki Redding Tel: 919.677.1400 x 120, Fax: 919.677.1489 Email: vredding@lucydanielscenter.org		

Date_____ Signature_

This form is non-binding and does not constitute a legal promise of any future donation to the Lucy Daniels Center. We understand that bequests are revocable and that your estate plans may change.