## **Declaration of Bequest Intention**



By completing this form you signify your intention to name Knox County Homeless Coalition as a beneficiary of your estate. Knox County Homeless Coalition understands that all bequest provisions are revocable and that any intentions stated here are not binding on you or your estate. We are deeply grateful for your vision and generosity.

I have named Knox County Homeless Coalition as a beneficiary of: (Check as many as apply)

☐ My Last Will and Testa	ament	
<ul><li>□ Retirement Account</li><li>□ Revocable Trust (Livin</li></ul>	a Trust\	
□ Charitable Trust	g Hust)	
☐ Life Insurance Policy		
□ Donor Advised Fund		
(1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		
My provision (s) names Knox Co	unty Homeless Coalition as:	
□ Primary Beneficiary		
<ul> <li>Secondary Beneficiary</li> </ul>	,	
□ Contingent Beneficiar	У	
l estimate that the total value of be \$	my gift to Knox County Homeless Coal	ition through my estate will
If/when this gift is received by Ki use my gift for the following pur	nox County Homeless Coalition, it is my pose:	wish that the organization
<ul><li>□ General Purposes/Are</li><li>□ Other</li></ul>	ea of Greatest Need	
•	ent to leave Knox County Homeless Co ognition during events and in publication	- ,
following	neless Coalition may recognized me/my	•
☐ I wish to remain anon	ymous	
Lawyer/Executor Name	_	
Lawyer/LACCULOT Name		
Signature	Printed Name	 Date
 Signature	Printed Name	 Date

To facilitate our ability to honor the intentions set forth above, we would greatly appreciate a copy of your Will or Trust (or appropriate sections thereof) for safekeeping in our confidential files. Thank you.