



I/We wish to share my planned giving gift intentions and be recognized within Project Zawadi's Legacy Circle to assure the future of the organization.

Name(s): _____

Address: _____

City: _____

Phone: _____

Email: _____

I/We have provided for the future of Project Zawadi in the following manner:

- Bequest through will or trust
- Bequest of retirement plan assets
- Gift of Life Insurance
- Other: _____

The estimated current dollar value of my gift is \$ _____ OR _____
% of my will which is currently valued at _____*

Please attach a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, or retirement plan that describes the gift provision.

*Project Zawadi understands this exact amount will fluctuate. Knowing the approximate amount of the gift helps with planning purposes. All financial information will remain confidential.



Professional Advisors/Personal Representative (if applicable)

Name: _____

Firm: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Donor Signature Date

Donor Signature Date

Please list my/our names in the following manner:

_____/we would prefer to be listed as an anonymous member(s) of the Legacy Circle.

Please return this form to:

Project Zawadi at 253 Duke Street, Saint Paul, MN 55102

or email the completed form to: kstupic@projectzawadi.org

Thank you for sharing your planned gift intentions with Project Zawadi to help secure its future.

A copy of this form will be sent to you for your records.