



## LEARNING BEYOND LIMITATIONS

educating children • empowering families • building hope

### PLANNED GIVING DECLARATION OF INTENT

Thank you for your intention to include The Arbor School in your estate plans. Please complete this form with as much information as you are willing to share so we may accurately document your intention. Information about your gift will remain confidential. If your gift intention is changed or cancelled, please notify us.

Planned gifts should name the 501(c)3 nonprofit organization as follows:

The Arbor School, Federal EIN #76-0317198

#### CONTACT INFORMATION:

Title ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

*(as you would like it to appear in recognition)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone(s) \_\_\_\_\_

Preferred Email(s) \_\_\_\_\_

#### GIFT DETAILS:

☐ Bequest in Will or Living Trust

☐ Beneficiary of Retirement Account

☐ Beneficiary of Life Insurance Policy

☐ Ownership of Life Insurance Policy

☐ Other *(please describe)* \_\_\_\_\_

The estimated amount of this gift is \$ \_\_\_\_\_.

**This gift is for the benefit of The Arbor School. Designated purpose of gift:**

☐ General Operations ☐ Scholarships

☐ I wish for this gift to benefit The Arbor School where it is needed most.

☐ I would like for this gift to be used for: \_\_\_\_\_

- ☐ You have my permission to list me as a member of The 1988 Society.
- ☐ I wish to remain anonymous and not to be listed in The 1988 Society.

### ADDITIONAL INFORMATION:

Please list contact information for any individuals or organizations related to this gift (e.g., Family Members, Executors, Trustees, Retirement or Insurance Administrators.) Please list name, address, phone, and email where possible.

**Contact Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Preferred Phone(s)** \_\_\_\_\_

**Preferred Email(s)** \_\_\_\_\_

If possible, please include documentation pertaining to your gift (e.g. copies of will or trust, beneficiary designation form.)

\_\_\_\_\_  
**Donor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Donor Signature**

\_\_\_\_\_  
**Date**

Please return to:  
The Arbor School, Attn: Director of Development | 1919 Knoll Street, Houston, TX 77080  
Email: lkeller@arbor.org

Questions: Call Laurel Keller at 713-322-7394