

PLANNED GIVING INTENT FORM

Thank you for sharing your plans with us. This is not a pledge or a promise to give; rather, this form helps us honor your intent and create ambitious plans to restore the American Founders' understanding of the moral grounds of our rights. This intent form is not legally binding, and all information provided will be kept strictly confidential.

Donor Name Preferred Phone Number

Donor Name (if joint) Preferred Phone Number

Primary Residence Address City, State, Zip Email

Estimated Value (As of this date): _____ (optional)

This gift will be distributed from:

__ Will __ Donor Advised Fund __ Charitable Remainder Trust __ Life Insurance __ IRA/Retirement plan
__ Other

Additional Description: _____

Gift Recognition

- ☐ I/we wish to be listed among James Wilson Institute's Legacy Society members, to be publicly recognized for my/our gift.
- ☐ I/we wish to remain anonymous.

Donor Signature Date Donor Signature (if joint) Date

Please return completed form to:

510 King St., Suite 340
Alexandria, VA 22314
Phone: 202-760-3220

Please contact the Development Office at (202)760-3220 if you have any questions pertaining to this form, or regarding the James Wilson Institute Legacy Society.