



Bequest Recognition Form

Date _____

Donor Name (Printed) _____

Donor Signature _____

Birth Date of Donor _____

Donor Name (Printed) _____

Donor Signature _____

Birth Date of Donor _____

Please use this form to provide necessary information for UnidosUS' appropriate administration of your charitable deferred gift. This form will serve as a record of your intent. This is not a binding legal document.

Your signature verifies the accuracy of the information provided on the date signed. We understand that details and the monetary value of deferred gifts can change over time. We ask that you please inform the UnidosUS staff of any substantive changes to your gift.

Type of Gift

- Bequest in a will (Please Circle): *Specific Amount* *Specific Percentage* *Residual* *Contingent*
- Bequest in a living trust Life Insurance Beneficiary Charitable remainder trust Charitable lead trust
- Retirement plan assets [e.g., IRA, 401 (k), 403 (b)]
- Other (Please Describe) _____

Estimate of Gift Value \$ _____ (Present Value of the gift, an estimate will suffice)

Gift Purpose

- My/Our gift may be used for UnidosUS greatest needs
- My/Our gift is designated for the following purpose:

Please return your completed form to Lisa Cantu-Parks at lcantuparks@unidosus.org or 1126 16th Street NW, Washington, D.C, 20036