



GYAC

Changing Lives, Changing Futures.

GYAC Legacy Society

DECLARATION OF FUTURE INTENT

Thank you for your intention to include the Gifford Youth Achievement Center in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

New Intention

Updated Intention

MY/OUR INFORMATION

Name (print): _____

Spouse Name (if joint gift): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

GIFT INFORMATION

I/We have provided a gift to the Gifford Youth Achievement Center as set forth in my/our:

Will or Trust

CHARITABLE GIFT ANNUITY

Life Insurance Policy

CHARITABLE REMAINDER UNITRUST

Retirement Plan or Beneficiary Designation

Other Asset(s) (please describe): _____

Gifford Youth Achievement Center is a contingent beneficiary of the indicated asset above. Please explain: _____

GIFT DESIGNATION (ie: Endowment, Greatest Need, Youth Employability Program, Scholarship): _____

OPTIONAL Please complete the following only if you are comfortable with sharing the information:

The current estimated value of my/our gift is \$_____.

Please Continue to Reverse Side to Complete Form



RECOGNITION

Donors who provide a planned gift to benefit the Gifford Youth Achievement Center will be enrolled in the Gifford Youth Achievement Center Legacy Society.

I/We prefer no public recognition

Please list my/our names as follows:

ESTATE CONTACT INFORMATION

(The following information while optional, is helpful)

Executor, Trustee (if your gift is through will or trust):

Administrating Company (if your gift is through a donor-advised fund, retirement account or life insurance policy):

Name: _____

Name: _____

Address: _____

Address: _____

City, State: _____ Zip Code: _____

City, State: _____ Zip Code: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

ADDITIONAL RELATIONSHIP/CONTACT

that you would like us to be aware of (attorney, family, etc.):

Name: _____ Relationship: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Email: _____

I/We understand this form does not create a binding agreement or pledge.

Details about my/our gift will remain confidential.

The Gifford Youth Achievement Center understands that the size of my/our future gift may change.

Signature: _____ Spouse Signature (if joint) _____

Date: _____ Date: _____

Please return this form to:

The Gifford Youth Achievement Center • 4875 43rd Avenue • Vero Beach, FL 32967

Federal Tax Id Number 43-1950911 • Phone Number (772) 794-1005

Revised April 2023

