



Autism Support, Education & Resources

## Planned Giving Statement of Intent

This statement is an expression of my intent to provide for the future of Spectrum Autism Support Group, Inc. through a planned or estate gift. The provision(s) made include the following:

\_\_\_\_\_ An outright bequest upon the passing of the donor, or the passing of the donor and spouse.

\_\_\_\_\_ A life insurance policy, in which Spectrum Autism Support Group is named as beneficiary or owner and beneficiary.

\_\_\_\_\_ Retirement assets, in which Spectrum Autism Support Group, Inc. is named as a beneficiary.

\_\_\_\_\_ A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.

\_\_\_\_\_ Real Estate (property address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

The estimated value of my (our) gift is \$ \_\_\_\_\_.

### Purpose

It is my wish that the gift be used:

\_\_\_\_\_ At Spectrum Autism Support Group's discretion, to create the greatest impact in our community by supporting its most compelling needs and opportunities.

\_\_\_\_\_ For the following existing program fund(s) or purpose

\_\_\_\_\_

\_\_\_\_\_ To create the following fund (please provide fund name and purpose): \_\_\_\_\_

\_\_\_\_\_

Special circumstances of my gift include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to work with Spectrum to create a memorandum of understanding that details the purpose of my gift. Yes\_\_\_\_\_ No\_\_\_\_\_

I will provide you a copy of my policy, trust or beneficiary designation and appropriate contact information. Yes\_\_\_\_\_ No\_\_\_\_\_

## Recognition\*

Spectrum Autism Support Group appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

\_\_\_\_\_ I (we) permit Spectrum Autism Support Group to use my/our name(s) in printed lists of planned gifts, as a part of the Spectrum Star Legacy Circle, which may appear in Spectrum's annual report, newsletter, web site and/or other publications.

\_\_\_\_\_ I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

\_\_\_\_\_ I (we) prefer to remain anonymous during and after my/our lifetime(s).

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

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
*Spouse's Signature*

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_

(W) \_\_\_\_\_

(C) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Thank you for your commitment to Spectrum and your investment in our future. Print and fill out and mail to Spectrum Autism Support Group, Inc., PO Box 3132, Suwanee, GA 30024 or email to [claire@atl-spectrum.com](mailto:claire@atl-spectrum.com). If you have any questions, please contact Claire Dees, Spectrum Autism Support Group, Inc. at [claire@atl-spectrum.com](mailto:claire@atl-spectrum.com) or 770-239-6630.