

# Wings of Hope Eternals Society



Completion of this document informs *Wings of Hope* of your desire to designate our organization as a beneficiary of your estate as you've detailed below. **This form is non-binding**, and you may change or cancel your designation at any time. **We urge you to consult your financial advisor or legal counsel.** Please ensure that your wishes are also recorded on a legally executed document of your choice, and that your family and/or legal representative holds pertinent copies.

I/We, \_\_\_\_\_, have made the following provisions for Wings of Hope, in my/our estate plan:

Please check all that apply.

**Charitable bequest:** ☐ Will ☐ Trust ☐ Life Insurance ☐ Charitable Gift Annuity

☐ Specific amount: \$ \_\_\_\_\_ ☐ Percentage of estate \_\_\_\_\_ % ☐ Residual of estate \_\_\_\_\_ %

☐ Other (retirement plan, IRA, etc.) \_\_\_\_\_

☐ Copy or excerpt of formal document enclosed (*suggested, but not required*)

## Gift Designation/Intent

☐ Unrestricted (*apply to the area of greatest need*)

☐ To be used for the following (*if the restricted purpose is unable to be accomplished, the funds may be used for the greatest need*):

\_\_\_\_\_  
\_\_\_\_\_

## Recognition Preference

☐ I/We wish to remain anonymous.

☐ I/We would like to be publicly recognized for this gift in *Wings of Hope's* publications and website and displayed on the Eternals Society plaque. The amount and terms of my/our gift will remain confidential.

I/We wish to be listed as \_\_\_\_\_

## Signatures

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone number(s) \_\_\_\_\_ Email \_\_\_\_\_



Return completed documents to Heather Lackey at Wings of Hope | 8420 Greenbrier Drive, San Antonio TX 98209  
hlackey@woh-tx.com | (210) 908-9774 | Federal ID 86-2970680