



Thank you for providing Pollinator Partnership with information regarding a gift you wish to give through your estate plan. Your commitment to our mission ensures Pollinator Partnership’s financial stability far into the future.

Donor Name(s)

Birthdate(s)

Address

Phone

Email

Designate how your gift will be used by specifying your charitable interests:

_____ **% General Endowment**

Used where needed most to support Pollinator Partnership’s finance health far into the future.

_____ **% Pollinator Habitat**

Will go directly to habitat and supporting a healthy and sustainable future for generations of both pollinators and people.

_____ **% Monarch Butterflies**

Used to plant and conserve monarch habitat through various Pollinator Partnership projects.

_____ **% Honey Bee Health Improvement Project**

Used to focus on ways to help honey bees and beekeepers.

_____ **% Native Bees**

Used to plant and conserve native bee habitat through various Pollinator Partnership projects

Comments:

Additional Information

The information contained in this form does not constitute a legal obligation and shall be held confidential. The purpose of this document is to honor and acknowledge the donor's wishes.

Type of Bequest Gift

Please check all that apply with estimated value of each gift in dollars and/or percentage.

- | | | | |
|-------------------------------------------|---------------------|-----------------------------------------------------|---------------------|
| <input type="checkbox"/> Will | \$ _____ or _____ % | <input type="checkbox"/> Retirement Plan/IRA | \$ _____ or _____ % |
| <input type="checkbox"/> Insurance Policy | \$ _____ or _____ % | <input type="checkbox"/> Revocable Living Trust | \$ _____ or _____ % |
| <input type="checkbox"/> Real Estate | \$ _____ or _____ % | <input type="checkbox"/> Charitable Remainder Trust | \$ _____ or _____ % |
| <input type="checkbox"/> Other Asset | \$ _____ or _____ % | Describe: _____ | |

Additional Information:

Is your bequest contingent? ☐ No ☐ Yes *If yes, please explain:* _____

Advisor Contact Information

Professional Advisor Name and Title

Address, Email, Phone

Trustee

Address, Email, Phone

Please recognize my Keystone Society bequest intention in the following way:

☐ I/We DO NOT wish to be recognized as a Keystone Society member.

☐ I/We wish to be recognized as a Keystone Society member.

List name(s) as: _____

Signature(s): _____ Date: _____