



Smokies Legacy Giving

Confidential Planned Giving Information Form

I am/We are pleased to confirm my/our commitment to Smokies Legacy Giving, which recognizes donors who commit future gifts to Friends of the Smokies on the following basis:

I/We have included a gift to Friends of the Smokies:

- In my will or living trust
- As a beneficiary of a life insurance policy (please specify insurance company) _____
- As a beneficiary of a retirement account (please specify administrator) _____
- As a beneficiary of a Donor Advised Fund (please specify institution) _____
- As a beneficiary of a charitable trust, gift annuity, or other planned gift (please specify type of gift) _____

The approximate amount of my/our gift is: \$ _____

Name(s) _____

Address _____

Email _____

Phones(s) _____

I/We would like to be publicly listed in Smokies Legacy Giving records as:

- I/We prefer not to have my/our name(s) listed publicly

Signature Date

Signature Date

Please complete and return by mail to Friends of the Smokies, PO Box 3179, Asheville, NC 28802
OR by email to marielle@friendsofthesmokies.org