



# 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 1660, Kodak, TN 37764  
OR by email to [kathryn@friendsofthesmokies.org](mailto:kathryn@friendsofthesmokies.org)