

Donor(s) Information

Planned Giving Intent Form

We are very grateful for your support and your commitment to our mission and the sustainability of our organization.

Please provide any information you are comfortable sharing with us.

This form is revocable and nonbinding, as we know that your plans may change. If you make a change, please send us an update for our records.

Name(s)				
Address			City, State & 2	Zip
Phone	E-Mail		Date(s) of Birt	th
Preferred method c	of contact: F	Phone Email		
Gift Information				
It is my intent to lea	ave a gift to Sacra	amento Food Bank & F	- -amily Services thr	ough my:
□ Stock □ Other	e Policy emainder Trust	ocos only as of this da	ata the value of m	Your gift is
estimated to be \$	m planning purp	oses only, as of this da _ (subject to change a	nd nonbinding).	y/our girt is
Gift Acknowledgen	nent			
feel free to include i	me as a member ail correspondend	ned gift to Sacramento of your Full Plate Soci ce. (Your name will NC oublic.)	ety planned giving	program and send
Donor Signature	Date	Donor Signature	Date	
Print Name		Print Name		-

For questions about completing this form, please contact Christina Cleveland, Director of Development, at (916) 456-1980 or ccleveland@sacramentofoodbank.org.

You may submit the completed form to ccleveland@sacramentofoodbank.org or send a hard copy to Christina Cleveland using the address above.