



Offering Choice, Independence and Dignity

Senior Services of Albany



BEQUEST INTENTION

Thank you for including Senior Services of Albany in your estate plans. We are grateful and very much appreciate your notifying us of your plans. Please complete this form so we may properly document your intentions.

Name:

Address

City State Zip Code

Phone Email

Bequest Information > I have provided for Senior Services of Albany in the following way:

- The Senior Services of Albany Endowment Fund will receive a bequest under a will or living trust.
- The Senior Services of Albany Endowment Fund is named as a primary beneficiary of a retirement plan.
- Senior Services of Albany is named as a beneficiary of all, or a portion, of a life insurance policy.
- Other: Please specify:

Please recognize this support under the following donor name(s):

Gift amount (optional) \$ Date gift intention was recorded:

Specific Philanthropic Intention(s):

Executor/Trustee:

Address

City State Zip Code

Phone Email

Occasionally, we publish Senior Services of Albany's *Centurion Legacy Society* membership in our Annual Report and other publications. If you do not want to be recognized, please mark the button below.

- I wish to remain anonymous; please do not disclose my name in the *Centurion Legacy Society* member roster.

Donor's Signature: _____

Date: _____