

Intent to Create Planned Gift



GIFT INFORMATION

Indicate the sources of your planned gift(s) and estimated value for each.

Where appropriate, please provide relevant documentation including beneficiary designations, trust agreements, and wills.

A. Amount and Nature of Gift

I/we intend to contribute the following assets through my/our estate(s):

- Will or Trust

Estimated Value
- Retirement Plan

Owner _____ Provider _____

Estimated Value
- Life Insurance

Owner _____ Insured _____

Provider _____ Estimated Value
- Charitable
Remainder
Trust

Trust Name _____

Trustee _____ Estimated Value
- Closely Held
Stock, Partnership
or LLC Interest*

Asset Description _____

Estimated Value
- Real Estate*

Asset Description _____

Estimated Value

***Please Note:** These gifts are subject to the Greenway's due diligence process and gift acceptance policy.

Estimated total expected future contribution(s), if known: _____

B. Additional Gift Information

Please provide additional gift information that you feel would help us better steward your gift, including but not limited to timing of gift, additional donor details, expected contribution(s) upon death of survivor(s), etc.

Federal Tax ID # 57-0344121

PO Box 1209, Fort Mill, SC 29716 | 803.547.4575 | ASCGreenway.org

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ATTORNEY/EXECUTOR

Please provide contact information for your estate planning attorney and/or executor.

1. Attorney Executor Trustee Other: _____

Mr. Mrs. Ms. Other: _____

First Name Middle Initial Last Name Preferred Name

Title Preferred Name/Salutation (First, Middle, Last)

Firm Name (if applicable):

Street City State ZIP Code

Phone: _____
Home Work Cell

E-mail: _____
Primary Other

Preferred Phone: Home Work Cell Preferred E-Mail: Primary Other

2. Attorney Executor Trustee Other: _____

Mr. Mrs. Ms. Other: _____

First Name Middle Initial Last Name Preferred Name

Title Preferred Name/Salutation (First, Middle, Last)

Firm Name (if applicable):

Street City State ZIP Code

Phone: _____
Home Work Cell

E-mail: _____
Primary Other

Preferred Phone: Home Work Cell Preferred E-Mail: Primary Other

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PLANNED GIFT INSTRUCTIONS

Please provide information on how the assets should be administered.
Please select all the options that apply to your planned gift.

If appropriate, additional instructions or details may be provided in an Addendum.

1. Make Direct Distributions to Anne Springs Close Greenway Operations

One-Time Other (please specify): _____

2. Create a Direct Distribution to the Leroy Springs & Co. Bridge Program: _____ (% or Amount)

In an effort to make the Greenway accessible for all, the Bridge Program established by Leroy Springs & Co, Inc. mirrors the eligibility schedule outlined by the USDA Food and Nutrition Service income eligibility guidelines used in determining eligibility for free and reduced meals.

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ACKNOWLEDGEMENT AND ANONYMITY

Please indicate your preference for anonymity.

All grant distributions as outlined in this document shall be made in the Donor's name unless otherwise indicated below.

SIGNATURES

By signing below, Opening Donor(s) and Advisor, if applicable, hereby acknowledge that they have read, understand and hereby agree to the provisions of this Document and that the information provided herein is accurate to the best of their knowledge.

Donor 1

Signature

Name (Please Print)

Title (For Institutional Donors)

Date

Donor 2 (if applicable)

Signature

Name (Please Print)

Title (For Institutional Donors)

Date

Advisor (if different from Opening Donor)

Signature

Name (Please Print)

Title

Date

Leroy Springs & Company, Inc.

By

Title

Date

Federal Tax ID # 57-0344121

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