Bequest Intention Form



Thank you for your generous bequest to the YMCA of Greater Cleveland.

Please use this form to share details about your future gift. We understand that your gift is revocable and that you may change plans at any time.

City State Zip Email Phone 1. I have included the YMCA of Greater Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of my: Image: Cleveland as a beneficiary of the YMCA of Greater Cleveland. The best way to reach me is	Name (Print)	ne (Print) Date					
Email Phone 1. I have included the YMCA of Greater Cleveland as a beneficiary of my: Item included the YMCA of Greater Cleveland as a beneficiary of my: Will/Living Trust Retirement Plan Savings Account Ite Insurance Policy Other 2. My bequest is in the specific amount of: \$	Address						
 I have included the YMCA of Greater Cleveland as a beneficiary of my: Will/Living Trust Retirement Plan Savings Account Life Insurance Policy Other My bequest is in the specific amount of: \$	City		State		Zip		
Will/Living Trust Retirement Plan Savings Account Life Insurance Policy Other 2. My bequest is in the specific amount of: \$	Email	Phone					
 2. My bequest is in the specific amount of: \$	1. I have included the	YMCA of Greater Clev	eland as a benefic	iary of I	my:		
OR My bequest is a percentage worth approximately: \$	□Will/Living Trust	Retirement Plan	Savings Accou	unt 🗖	Life Insurance Policy	Other	
 4. Please reach out to me personally to discuss my support of the YMCA of Greater Cleveland. The best way to reach me is Recognition I would like to be recognized as: 	OR My bequest is a p (Please provide your b	percentage worth app est estimate of the value o	roximately: \$ f your future gift, bas				
The best way to reach me is	3. □My gift is conting	gent on the prior deat	h of a spouse or pa	artner.			
I would like to be recognized as:		• •				eland.	
-	Recognition						
(Most listings are First and Last Name(s). For example Jane Smith or Jane and Michael Smith.)	I would like to be re	cognized as:					
	(Most listings are First an	d Last Name(s). For examp	le Jane Smith or Jane	and Mic	hael Smith.)		

I want to keep my name anonymous. Please list me as **Planned Gift Supporter**.

Please return to: Megan DeFranco YMCA of Greater Cleveland 1301 E. 9th Street Cleveland, OH 44114 For questions or more information: clevelandymca.org/create-your-legacy 216-263-6296 or mdefranco@clevelandymca.org