

HEALTH CAMP FOUNDATION COMMITMENT FORM

Thank you for including the Kiwanis Health Camp Foundation in your estate plans. We understand that this is one of the most important decisions you will make, and we appreciate your lasting impact. Please complete this form so we can follow your wishes.

\square Yes, I/we have made a commitment to the He	alth Camp Foundation in my/our estate plans.
Name(s) as you would like to appear on recognition and/or for fut	ure publication Date of birth
Address	
City, state or province, country and postal code	
Home, business and/or mobile telephone	
Email	
The gift will be funded by:	
\square Will or living trust (please include copy of will)	\square A gift of real estate, securities or other property
☐ Retirement plan	☐ Charitable lead trust
☐ Life insurance policy (please include copy of beneficiary form)	☐ Charitable gift annuity
☐ Other (please specify)	
The gift amount for the Health Camp Foundation is ex	pected to be% or US\$

Name of attorney or financial adviso	זר
Address	
Phone	Email
Name of estate executor or family n	nember(s)
Address	
Phone	Email
Qualified donors may be	recognized for their generosity.
☐ You have permission to inc	clude my name in recognition.
☐ I wish to remain anonymo	us.
☐ Please do not provide reco	gnition.
	ate supporting documentation, I am/we are expressing the intention of ensuring d will continue to be served by Kiwanis for generations to come.
Signature	Date
Signature	Date

Other contact information:

Notice: Please consult an independent tax and/or legal representative before making a charitable gift. The details of your commitment remain confidential. However, unless you request anonymity, we may share that you are one of the growing numbers of Kiwanians and friends providing support to the Children's Fund. You may just inspire someone else.

PLEASE MAIL OR EMAIL THE COMPLETED FORM TO:

Kiwanis Health Camp Foundation PO Box 13498, Flint, MI 48501

Treasurer, Kathleen Payton, 810-955-3206

