



Second Chance Society Statement of Intent

This is to inform the Humane Society for Hamilton County, Inc. (HSHC) that my/our current will, trust, life insurance policy or other estate planning vehicle identifies it as a beneficiary.

NOTE: This document is designed to assist HSHC in honoring the donor's intent. It is not legally binding in any way.

Name(s): _____

Please list your name(s) as you wish to be listed in Second Chance Society recognition materials.

Do not list my/our name. I/we wish to remain anonymous.

Street: _____

City, State, Zip: _____

Cell Phone: _____ Email: _____

I/we have made a planned gift that will support HSHC in the following manner:

Bequest through will or trust

Charitable remainder trust

Bequest of retirement plan assets

Gift of life insurance

Gift of stock

Gift of real estate

Other: _____

Attached, please find a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, or retirement plan that describes my provision.

The current value of the assets designated to HSHC is expressed as follows:

The sum of \$ _____ and/or _____% of the residue of my estate.

Donor Signature

Signature Date

Date of Birth

Spouse or Second Signature/
Relationship to Donor

Signature Date

Date of Birth