

Tell Us About Your Gift

CONFIDENTIAL

Thank you for your generous bequest commitment to **The Rhode Island SPCA**. Your legacy gift will help us plan for the future as we continue to protect and care for animals.

Please take the time to fill out this form so we can better understand your intentions for your gift. The information you provide is not legally binding, and we understand that you may wish to change your gift in the future. Questions? Contact Brooke Fairman (401) 228-3316 or email bfairman@rispca.com

Name(s): _____

Year(s) Of Birth: _____

Address: _____

Phone: _____ E-mail: _____

You will receive occasional email updates from RISPCA. We will not sell, rent or exchange your email address.

About Your Gift

If you are willing to disclose more information about your gift, please check all that apply and estimate the value of each gift in today's dollars.

- Will: \$ _____
- Insurance Policy: \$ _____
- Revocable Living Trust: \$ _____
- Real Estate: \$ _____
- Charitable Remainder Trust: \$ _____
- Retirement Plan/ IRA: \$ _____
- Other Asset(s) (Describe): _____
\$ _____ \$ _____



You can indicate that your gift be used for The Rhode Island SPCA General Fund or for the Endowment. Would you like your gift to be used for either one of these?

General Operating Funds _____ Endowment Funds _____

The Rhode Island SPCA uses charitable gifts to support the general operating costs unless otherwise specified by the donor.

Additional information

Is your gift contingent? Yes _____ No _____

If yes, please explain: _____

A contingent gift comes to the Rhode Island SPCA only if the other named beneficiaries do not survive you.

How would you like to be recognized for your gift?

- I/We would like to be listed as (a) Rainbow Bridge Society member(s), which may include listing my/our gift within a dollar range.

Please list my/our name(s) as: _____

- I/We prefer that my/our gift not be listed within a dollar range, but you may list my/our name(s) as a Rainbow Bridge Society Member.

Please list my/our name(s) as: _____

- I/We wish to remain anonymous for this gift.

Signature(s):

Date: _____

Please return this form to Brooke Fairman at the Rhode Island SPCA at 186 Amaral Street Riverside RI 02915 or email to bfairman@rispca.com

