



HAPPY HEARTS LENDING HELPING HANDS



## Charitable Bequest Intention Form

**Please use this sheet to inform us of the details of your bequest intentions for the Blood Center Foundation of the Inland Northwest. This form is for informational purposes only; your estate is not legally bound by submitting this statement. Your commitment remains revocable and may be modified at any time.**

**We pledge to hold this information in the strictest of confidence.**

Donor(s) Name(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Bequest Specifics**

As evidence of our desire to provide a legacy of support for the health of our community, I/we wish to inform the Blood Center Foundation of the Inland Northwest that you have been named in my/our estate plans.

As of this date, the approximate value of my/our gift is \$ \_\_\_\_\_  
(If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.)

I/we designate this gift to be used for (check one):

\_\_\_\_\_ Unrestricted Support (area of greatest need as determined by the BCFIN Board of Directors)

**OR**

\_\_\_\_\_ The following program:

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**In recognition of your intention, it is our great pleasure to induct you as a member of our Legacy for Life League. This select group is comprised of our closest friends, each having made an investment in the health of our community by creating a future gift intention for the Inland Northwest Blood Center and Blood Center Foundation.**

**Check one:**

\_\_\_\_\_ Yes, you may publicize my/our name(s) as members of the Legacy for Life League, which serves as a motivation for others to consider a future gift.

\_\_\_\_\_ I/We prefer my/our intentions to remain anonymous.

Donor(s) Signature(s):

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Date: \_\_\_\_\_

**Thank you for your loyal support! Please return this form to:**

**Blood Center Foundation of the Inland Northwest  
c/o Loreen McFaul, Executive Director  
P.O. Box 1233  
Spokane, WA 99210**