



Donor Intention Form

Name of Donor(s)

complete(s) this Donor Intention Form to notify the Village Improvement Association of Doylestown (VIA) of the inclusion of the VIA in his/her/their legacy plans. By providing details in this document, Donors help the VIA plan by giving due consideration to the effect of planned gifts on its funding resources.

Please Describe the Method of Your Planned Gift:

- | | |
|---|---|
| <input type="checkbox"/> Cash Bequest or other gift to VIA in Will or Trust | <input type="checkbox"/> Naming VIA as a beneficiary of a Life Insurance Policy |
| <input type="checkbox"/> Listing VIA as a beneficiary of a Retirement Plan | <input type="checkbox"/> Other _____ |

Please Note the Amount of Your Planned Gift:

- | | |
|---|--|
| <input type="checkbox"/> Specific Amount of Gift \$ _____ | <input type="checkbox"/> Estimated Amount of Gift \$ _____ |
|---|--|

Optional: We welcome attachments that further describe this gift as well copies of the section of the Will or other document that mention the Village Improvement Association of Doylestown.

All distributions received from the Donor(s) as it relates to this gift will be used at the discretion of the VIA to support the needs of Village Improvement Association of Doylestown and its mission. If at the time the gift is realized, all of the funds received are not needed for immediate use, the VIA will designate all or a portion of the gift to be carefully invested in the name of the VIA; the investment and the income earned thereon will be used by the VIA in the future.

Donors who make themselves known to the organization by virtue of completion of this Donor Intention Form are eligible for membership in the VIA Legacy League and welcome to participate in any recognition programs of the League. Please indicate your preference below:

- ☐ I/We are pleased to join the VIA Legacy League and to be named and acknowledged for our financial contribution.
- ☐ I/We wish to join the VIA Legacy League. Please acknowledge our names but not our financial contribution.
- ☐ I/We wish to remain completely anonymous. Please do not add us as VIA Legacy League member(s).

Each Donor retains the right to change or terminate the Donor's present intentions regarding this proposed legacy gift to the VIA without the requirement of notifying the VIA of any such change or termination. Each Donor acknowledges that the VIA has not offered or provided legal, tax or other professional advice in relation to this planned donation or the completion of this Donor Intention Form.

The Village Improvement Association of Doylestown (VIA) is extremely grateful to _____ (Donors) for including the VIA in their legacy plans.

DONOR(S)

Village Improvement Association of Doylestown

By _____ Date _____

VIA President Date: _____

By _____ Date _____

1895 Society Chairman Date: _____

Street Address

City _____ State _____ Zip _____

Email _____ Phone _____