

**Legacy Society
Declaration of Intent**

As an expression of my desire to help advance Missoula Aging Services' mission of promoting the independence, dignity and health of older adults and those who care for them, *it is my intent to name Missoula Area Agency on Aging in my legacy plans.*

My gift is **currently** valued at: \$ _____, which is:

- a specific dollar amount
- a percentage of my estate's value (_____ %)
- a part or all of the remainder of my estate (_____ %)

It is understood that this amount will remain confidential and can be changed or revoked at any time.

I have included a gift to Missoula Area Agency on Aging (**Tax ID 81-0379543**) through my:

- | | |
|---|--|
| <input type="checkbox"/> Bequest | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Bank Account |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Other (please specify) | |

I would like my gift to be:

- Unrestricted
- Restricted to the following purpose: _____

Name: _____ **Birth Date:** _____
Address: _____ **City:** _____ **State:** _____
Zip Code: _____ **Phone:** _____ **Email:** _____

I wish to be recognized as a member of the Missoula Aging Services' Legacy Society to help encourage others to include Missoula Aging Services in their estate plans.

I wish to remain anonymous.

Signature: _____ **Date:** _____

Thank you for your generosity and support. Please return this declaration and any supporting documents you are willing to share to Missoula Aging Services, Attn: Kathryn Hungerford, 337 Stephens Ave, Missoula, MT 59801. Please contact Kathryn at 406-728-7682 or khungerford@missoulaagingservices.org with any questions.