



Estate Intention Form

This is a confidential record. In order to properly thank you and acknowledge your gift, please fill out the following information, which applies to your future gift of a bequest through your Will or Trust. Please mail or fax this form to:

Mario Molina
Chief Financial Officer/Vice President of Administration
Amigos de las Américas
5618 Star Lane
Houston, TX 77057
Fax: 713.782.9267
E-mail: mmolina@amigoslink.org

- I understand that listing this gift may be an incentive for others to give and I am willing to be publicly acknowledged.
- I am happy to notify The Foundation for Amigos de las Américas of my intention, but I prefer not to be listed or acknowledged publicly.
- I prefer to remain anonymous and request no contact or acknowledgement.

My Will/Trust with signed on: _____

My Will/Trust provides that _____% shall be bequeathed to The Foundation for Amigos de las Américas through my estate. As of today's date, I estimate that the value of this provision in my estate plan would be approximately \$_____.

My Will/Trust provides that \$_____ shall be bequeathed to the Foundation for Amigos de las Américas through my estate.

- My Will/Trust indicates that the bequest through my estate is unrestricted.
- My Will/Trust directs the Foundation for Amigos de las Américas to use my bequest through my estate for a specific purpose.

The specific purpose is as follows:

- Guy Bevil Leadership Fund (permanently restricted fund)
- Foundation Restricted Fund (permanently restricted fund)
- Other (please describe): _____

I understand that I am not making a legal or binding commitment upon my estate by submitting this Estate Intention Form. Further, the Foundation for Amigos de las Américas should understand that the size of my future gift might be significantly different from the amount estimated above. If for any reason in the future the Foundation for Amigos de las Américas is no longer included in my estate plan, I will notify you so that you can update your records.

Donor Name: _____

Phone Number: _____

Address: _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____