

This Estate Commitment Form documents your intention to make an estate gift to the Walkway Over the Hudson and allows us to recognize and appreciate your generosity. It is not a legally binding document. Please complete this form and return to **Planned Giving**, Walkway Over the Hudson, 80 Washington Street, Suite 300, Poughkeepsie, New York 12601. For information: legacy@walkway.org 845-454-9649, ext. 103.

I/We have named the **Walkway Over the Hudson** as a beneficiary of our estate plan, as listed below:

SECTION 1: Donor Information

Name of Donor 1: _____ Date of Birth: _____

Name of Donor 2: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ Email: _____

SECTION 2: Type of Gift & Provision

TYPE:

- ☐ Will or Living Trusts
- ☐ Retirement Assets (IRA, 401k, 403b, etc.)
- ☐ Charitable Remainder Trust
- ☐ Charity Annuity Trust ☐ Charity Lead Trust
- ☐ Sale & Unitrust ☐ Give it Twice Charity
- ☐ Life Insurance ☐ Real Estate
- ☐ Real Estate
- ☐ Other: _____

THIS PROVISION IS STATED AS :

- ☐ A specific dollar amount \$ _____
- ☐ A percentage _____% and I estimate the current value of this percentage to be \$ _____

WALKWAY OVER THE HUDSON will receive this:

- ☐ Upon my death
- ☐ Upon death of my surviving spouse/partner

SECTION 3: Supporting Documents

ATTACHED IS ONE OF THE FOLLOWING:

- ☐ A copy of the relevant page(s) of the will or trust provision pertaining to the Walkway Over the Hudson
- ☐ A copy of the beneficiary designation form. I estimate the current value of the % to be \$ _____
- ☐ Letter from my attorney, executor or trustee
- ☐ Other: _____

If the provision is stated as a percentage of your estate or an account, please also attach a recent statement of the account of your written estimate of the value of your gift. www.walkway.org/planned-giving 845-454-9649 legacy@walkway.org

SECTION 4: Gift Designation

GIFT PURPOSE: ☐ Unrestricted ☐ Restricted for the following purpose: _____

SECTION 5: 1889 Legacy Society Recognition

I/We _____ do _____ do not authorize the Walkway Over the Hudson to list me/us as member(s) of the 1889 Legacy Society and use of photos me/us in the annual donor report, other publications and in promotional materials.

Donor 1 Signature (signed) _____ Print Name _____

Date: _____ Phone Contact: _____

Donor 1 Signature (signed) _____ Print Name _____

Date: _____ Phone Contact: _____

SECTION 6: Executor Contact Information

To help facilitate your gift in the future, please share information about your executor, or someone we can contact about your plans:

Executor Name: _____ Phone: _____

Email: _____ Website: _____