



di Rosa

### COMMUNICATION OF ESTATE INTENTION

Thank you for informing us that you have included di Rosa in your estate plans. Upon completion of this form, you will be recognized as a member of the Legacy Circle.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

We respect your confidentiality and will only publish your name in association with the Legacy Circle with your express permission:

\_\_\_\_ I hereby give my permission for my name to be published and recognized, knowing that my example may encourage others to include di Rosa in their plans.

Please list my name as: \_\_\_\_\_

\_\_\_\_ I prefer to remain anonymous.

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#### **The following information is optional, non-binding, and will remain confidential.**

My estate plan provides for di Rosa in the following way. Please attach a copy of the associated provision.

\_\_\_\_ Bequest in Will or Trust    \_\_\_\_ Charitable Remainder Trust    \_\_\_\_ Retirement Plan/IRA

\_\_\_\_ Life Insurance Plan    \_\_\_\_ Other \_\_\_\_\_

I estimate the current value of this intention at \$\_\_\_\_\_.

For future reference, please provide the contact information of your executor and/or plan administrator

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Phone and/or Email

I intend my gift to be used:

\_\_\_\_ for the area of greatest need

\_\_\_\_ please contact me to discuss specific ways I can support di Rosa

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date