Gift Intention Form

Name(s) _____

Address _____

City, State Zip _____

Phone _____

Email _____

First Person Birth Date _____

Second Person Birth Date _____

Signature(s) _____

YES! We confirm that we have made a planned gift to **Smoky Hills PBS**. By making this gift, we are encouraging others to follow our leadership example. *Please check all that apply:*

☐ We/I give our permission to publicly recognize our gift. *(Please use our name as it is listed above.)*

☐ We/I plan to designate our gift for a specific purpose. We/I would like to visit with a Smoky Hills PBS representative to discuss these details.

☐ We/I prefer to remain anonymous during our lifetime(s), however, Smoky Hills PBS may recognize me/us after my/our gift matures.

☐ We/I prefer to remain completely anonymous and do not want any form of recognition.

My/Our planned gift is in the form of a:

_____ Will Bequest
_____ Trust
_____ Annuity
_____ Life Insurance
_____ Retirement/Investments
_____ Other _____

Estimated value of gift: _____
(This is optional, but it helps us with planning for the future.)

Thank you for your meaningful commitment!

Please return form to Smoky Hills PBS, PO Box 9, Bunker Hill, KS 67626
OR call 800.337.4788 and ask for the Membership Department