

# Lifelong Friends Confidential Membership Form



To understand the wishes of your gift, please complete this confidential form.

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***For recognition purposes on our Lifelong Friends Wall, please list my/our name(s) as follows:***

\_\_\_\_\_  
Birthday(s): \_\_\_\_\_

- I/We prefer that my/our gift intention remain anonymous.

## **I/We am/are confirming the following provisions to KHS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Assets or Securities       | <input type="checkbox"/> Insurance Policy / Annuity   |
| <input type="checkbox"/> Charitable Gift Annuity    | <input type="checkbox"/> QCD / IRA Rollover           |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Will or Trust                |
| <input type="checkbox"/> Charitable Lead Trust      | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> IRA / Retirement Plan      |   |

## **Designation of Gift:**

- Unrestricted (for area of greatest need): \_\_\_\_\_
- Restricted for the following purpose: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The estimated current value of our gift: \_\_\_\_\_

Financial advisor or institution: \_\_\_\_\_

Please send this form (along with any relevant documents) to the KHS Development Department.  
Kentucky Humane Society | Development Department | 1000 Lyndon Ln | Louisville, KY 40222  
Tel (502) 515-3147 | Fax (502) 425-4230 | [development@kyhumane.org](mailto:development@kyhumane.org) | [www.kyhumane.org](http://www.kyhumane.org)



Completion of this form is not legally binding, but a good faith of intent.  
Please note our legal name is "Kentucky Humane Society – Animal Rescue League, Inc."  
Tax ID# is 61-0463938

