



Planned Gift Form

Donor Name	Date of Birth
Street Address	City
Phone (home)	Phone (other)
	State Zip

Deferred Commitment

I am happy to inform you of a planned gift to New Leaf Behavioral Health organization Located in Raleigh, NC

Type and Value of Gift

- Gift by Will
 - Outright bequest \$ _____
 - Residual bequest: _____ % of my estate \$ _____
- Gift of retirement plan assets. \$ _____
- Establishment of charitable gift remainder trust.* \$ _____
 - Irrevocable Revocable
- Gift of life insurance policy. \$ _____
 - Owner/Beneficiary Beneficiary only
- Other: _____ \$ _____

*Remainder to New Leaf Behavioral Health is either irrevocable, meaning it is vested and cannot be revoked; or it is revocable, meaning you've retained the right to amend or revoke the New Leaf Behavioral Health's interest.

Designated Purpose

Unrestricted, please use my gift where the need is greatest.

- Restricted, to be used as follows: _____
- _____
- _____



New Leaf Behavioral Health would appreciate receiving a copy of your will, trust agreement, or other planning document (or applicable excerpt). This allows us to review the language to ensure that your wishes can be carried out as you intend.

Donor	Date
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