



WellShare International

Bridge to Health Legacy Society Commitment Form

Thank you for your intention to include WellShare International in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

New Intention

Updated Intention

My/Our Information:

Name: _____ Spouse Name (if joint gift): _____

Address: _____

Phone Number: _____ Email Address: _____

Gift Information:

I/We have provided a gift to WellShare International as set forth in my/our:

Will or Trust

Charitable Gift Annuity

Life Insurance Policy

Charitable Remainder Unitrust

Other Asset(s) (please describe):
Designation (401(K), 403(B), IRA, /Keogh, Brokerage Account)

Retirement Plan or Beneficiary

WellShare International is a contingent beneficiary of the indicated asset above (Please Explain):

The current estimated value of my/our gift is \$ _____.

My/Our gift is _____% of the asset indicated above. If a percentage is given, what is the current estimated value of the percent in today's dollars \$ _____.

Gift Purpose:

Gift Agreement/Letter- I/We have signed a Gift Letter of Agreement with WellShare International stating the designation or purpose of this gift.

I/We have not signed a Gift Letter or Agreement. It is in my/our intention that WellShare International use this future gift to strategically support WellShare's top priorities.

Recognition:

Donors who provide a planned gift will be enrolled in WellShare International's Bridge to Health Legacy Society.

I/We prefer no public recognition

Please list my/our name(s) as follows:

Estate Contact Information: Although optional, the following information is very helpful:

Executor, Trustee

Administrating Company (ie. TIAA, Fidelity, etc.)

(if your gift is through a Will, Trust):

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

I/We understand this form does not create a binding obligation and any details about my/our gift will remain confidential. WellShare International understands that the size of my/our future gift may change.

Signature: _____ Spouse Signature (if joint): _____

Date: _____

Please return this form to: WellShare International | 122 W Franklin Ave Suite 510,
Minneapolis, MN 55404 | phone: (612) 871-3759 | email: info@wellshareinternational.org