

## **STATEMENT OF INTENT**

## **PLANNED GIFT**

Name(s)								
Street								
City, State, Zip								
Home Phone	Work Phone		Cell phone					
E-mail								
other estate planning	tminster Counseling Cente g vehicle identifies it as a be strument (e.g. will, trust, etc	eneficiary.	ur current will, trust, life insurance policy					
The current value of th	ne assets designated to Wes	stminster Co	unseling Center is expressed as follows:					
☐ The following	The following described property AND/OR							
<b></b> %	of the residue of my estate.							
Signature Date			Signature Date					
Spouse or Second Sig	nature	1	Spouse or Second Signature Date					
Birth Date			Birth Date					
Please write below how	your name(s) should be listed f	for the purpos	ses of recognition of your thoughtful gift:					

## **LEGAL NAME**

The	lega	l name to	be used	when	makina	aifts	through	ih wills.	trusts.	and	other	aift t	ransfei	docu	ıments is

"Westminster Counseling Center, a Minnesota not-for-profit corporation, located at 1200 Marquette Avenue, Minneapolis, MN 55403"

## **SUGGESTED WORDING**

We recommend the following language be used when making gifts through wills, trusts and other gift-transfer documents:

"I/we hereby give to Westminster Counseling Center, a Minnesota not-for-profit corporation, located at 1200 Marquette Avenue, Minneapolis, MN 55403:

The sum of \$	(amount) AND/OR
The following property	(description) AND/OR
% (percent) of r	residue of my/our estate."

If you wish to include it, Westminster's EIN is 41-1723572

Please return completed form to:

Westminster Counseling Center Attn: Executive Director 1200 Marquette Ave Minneapolis, MN 55403