

Donor Name: _____ Date of Birth: _____

Phone Number: (h/w) _____ (cell) _____ E-mail: _____

Spouse Name (if applicable): _____ Date of Birth: _____

Spouse Phone #: (h/w) _____ (cell) _____ E-mail: _____

Full Address: _____

I/We wish to be referred to as _____ in donor recognition materials **OR**

I/We prefer to remain anonymous and do not wish to be recognized publicly at this time.

I/We approve the use of our name(s) for marketing/solicitation materials.

I/We are pleased to acknowledge that I/we have named the Center for Disability Services as a beneficiary in my/our:

- Will/Living Trust
- Retirement Plan
- Life Insurance Policy
- Payable on Death Account/Transfer on Death Asset
- Charitable Remainder Trust
- Charitable Gift Annuity
- Supplemental Needs Trust
- Other _____

Please attach a copy of the appropriate documentation if possible.

The estimated value of my gift is:

- \$ _____
- _____ % of my estate/retirement plan/life insurance, which is currently valued at \$ _____
- Other (please explain): _____
- Not known

Additional Account Information (optional):

Signature of Donor: _____ Date: _____

Signature of Spouse (if applicable) _____ Date: _____

Return this form to: Center for Disability Services, Attn: K. Heunemann, 22 Corporate Woods, Albany, NY 12211
(518) 832-6113 ~ www.cfdsny.org ~ email: heunemann@cfdsny.org