



Breakthrough Schools Legacy Gift Planning *Confidential Statement of Intent*

Please note – this form is not a legal obligation and is non-binding. You may modify or revoke these plans at any time.

Donor/Spouse Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I have included or plan to include Breakthrough Schools in my Legacy Plan through:

☐ Will ☐ Trust ☐ Retirement Plan ☐ IRA ☐ Life Insurance ☐ Other: _____

Amount anticipated: _____

Your gift will be recognized through the **Breakthrough Schools Semper Virens Society**, unless otherwise indicated.

☐ Please recognize my/our name as follows:

☐ Please do not recognize.

Any additional information you wish to provide us about this gift:

Signature: _____

Thank you!