

## BEQUEST INTENTION NOTIFICATION

Your Name:		Date of Birth:	
Spouse's Name:		Date of Birth:	
Address:	Cit	y:State: _	Zip:
Phone:	Email:		
I/We have provided for □ both, in the followin	<del>-</del>	ion, 🖵 Population Connecti	ion Action Fund,* or
☐ Will or Living Trust	☐ Retirement Assets	☐ Life Insurance Policy	☐ Charitable Trust
☐ Other (please list):			
Name of Executor/Trust	tee/Attorney:		
Address:	City	: State:	Zip:
Phone:	Email:		
as they are separate entiti	es. Population Connection	st be designated separately from is recognized under section 50 Fund is recognized under sect	01(c)(3) of the Internal
Please indicate:			
☐ My/Our gift is equiva	lent to% of my/o	our estate.	
☐ I/We estimate the cash	h value of our gift to be \$ _	Or, 🖵 the gif	t value is currently unknown
•	•	and agree to have my/our return gift benefiting global popular	\ / I
Please publish recognition	n as:		
☐ I/We would like to re	main anonymous and prefe	er that my/our name(s) not be	published
Donor Signature:			Date:
Donor Signature:			Date:

We respectfully request notification any time you make changes or adjustments to your estate plan or anticipated gift. Please contact us at legacy@popconnect.org or call 877-319-9880.

Information provided in and on this form does not, and is not intended to, constitute legal advice; the information provided is for general information purposes only. You should consult your attorney if you have questions regarding how a bequest to Population Connection, Population Connection Action Fund, or both may affect your estate. By completing this form, you are not making a legal promise of any future donation to Population Connection or Population Connection Fund.