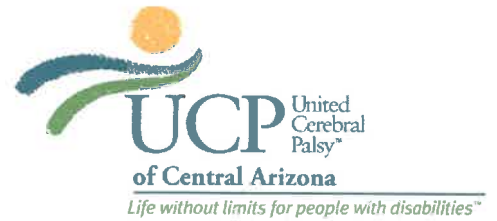


# United Cerebral Palsy (UCP) of Central Arizona Donor Declaration of Support Form



Notification of intended inclusion of UCP of Central Arizona, a 501 (c)(3) organization, EIN: 86-0110967, in an estate plan.

Providing UCP of Central Arizona with GENERAL information regarding the support that we will receive in the future helps us better understand and honor your intent for the use of your gift and desired recognition.

I/we \_\_\_\_\_ has/have included United Cerebral Palsy of Central Arizona in my/our estate plan in the following manner:

1. Type of Gift:

- As a beneficiary in a **Will or Living Trust**. Is the gift (circle one) specific, residual, or contingent?
- As a beneficiary in a **Charitable Remainder Trust or Charitable Lead Trust**. Payout Rate: \_\_\_\_\_%
- As a beneficiary of a **Retirement Plan**.
- As a beneficiary in a **Life Insurance Policy** or in a **manner not named above**. Please specify:  
\_\_\_\_\_

2. Estimated value to United Cerebral Palsy of Central Arizona \$ \_\_\_\_\_

3. Your current age or ages \_\_\_\_\_

4. Gift to be used by United Cerebral Palsy of Central Arizona for

- Greatest need as determined by the Board of Directors
- To provide direct funding for programs and services
- Endowment Fund
- Other \_\_\_\_\_

6. Donor Recognition

- Please recognize me/us as \_\_\_\_\_
- This gift is to be anonymous

It is understood that this Declaration of Support is not legally binding and that the future gift to United Cerebral Palsy of Central Arizona may be changed without notice.

My/Our Advisor

\_\_\_\_\_  
Print Advisor Name

\_\_\_\_\_  
Advisor Phone

My/Our Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone # Preferred

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email Address

- I would like to receive community mailings and updates from UCP of Central Arizona.
- Please do not include me on your mailing list.