

Planned Giving Commitment Form

When you consider a legacy gift to Safe Alliance, you are taking an active role in positively changing the lives of thousands in our region. You join a group of individuals dedicated to building safer and more peaceful communities.

I/we would like to create a legacy of hope and healing for those impacted by domestic and sexual violence in Mecklenburg County in my/our estate plans.

Donor Information:

Name: _____

Address: _____

Email: _____ Phone: _____

Please recognize me/us as: _____

I/we would like to remain anonymous.

Please indicate your planned gift below:

Bequest Life Insurance Policy Beneficiary Retirement Plan Beneficiary
 Charitable Remainder Trust Other _____

This gift will be:

A specific amount: \$ _____ A gift of a specific asset:

A percentage of the residuary of my estate, trust or retirement plan: _____%

Please add any details you wish to share: _____

All information provided will be kept in the strictest confidence and will be used for internal planning purposes only. We understand that you may need to use estimates rather than exact figures.

Purpose of the planned gift to Safe Alliance:

Unrestricted gift to provide maximum flexibility for Safe Alliance to use for greatest need.

For a specific purpose: _____

Signature: _____ Date: _____

PLEASE RETURN FORM TO: Tori Marshall, Chief Advancement Officer

Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional financial advisor. Safe Alliance is a 501(c)3 tax exempt organization. Tax ID #56-0529967. Contributions are deductible as allowed by law.

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