



Mary Cariola Center Estate Gift Disclosure Form



Please fill out this form to notify Mary Cariola Center of your intent to provide support to the Agency through your estate. This statement is not a legal obligation and may be changed at your discretion. The information you provide is only for record-keeping purposes and will be held in the strictest of confidence.

DONOR INFORMATION (Please print)

Name(s) _____

Date(s) of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email(s) _____

To encourage others to make commitments to the future of Mary Cariola, please indicate how you would like your name(s) to be listed with other *1949 Legacy Society* donors:

Please check this box if you wish to remain anonymous at this time.

If you are comfortable doing so, please provide additional details regarding your gifting plans:

	Estimated Amount
1. Outright bequest in my will (please indicate percentage or dollar amount)	\$ _____
2. Provision in the will of the survivor of my husband/wife and myself (please indicate spouse's date of birth _____)	\$ _____
3. Life Insurance Policy, Gift Annuity or Retirement Plan	\$ _____
4. Trust under my will with Mary Cariola as the remainder or income beneficiary	\$ _____
5. I have made provisions for a gift to benefit Mary Cariola after my lifetime with another organization (e.g., Community Foundation, United Way)	\$ _____
6. Other (please describe): _____	\$ _____

Attachments or letters that further describe the nature of the above provision(s), or copies of the section of the will or trust in which Mary Cariola is mentioned, are encouraged and appreciated.

Signature(s) _____ Date _____

_____ Date _____

Please return this form to:
Mary Cariola Center | Office of Advancement | 1000 Elmwood Ave., Suite 100 | Rochester, NY 14620

Questions? Please contact Scott Collins at 585-271-0761, Ext. 1633 or scollins@marycariola.org