Thank you for your intention to include Wolfe’s Neck Center in your estate plan and being part of our Heirloom Circle. In order to accurately document your intention, please complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

**Recognition of Your Gift**
For recognition purposes, please list my/our name(s) as follows:

__________________________________________________________________________

☐ Please include my/our name in any public listings of donors.
☐ I/We wish for my/our gift intention to be confidential and anonymous.

☐ Gift Agreement/Letter - I/We have signed a Gift or Letter Agreement with Wolfe’s Neck Center for this gift and have made no changes to the designation or purpose.
☐ No Gift Agreement/Letter – Briefly describe allocation, designation, and how your gift should be used.
__________________________________________________________________________

**Description and Value of Gift** – Please indicate below (by checking applicable options), how your future gift intention will be fulfilled and provide the estimated value for Wolfe’s Neck Center:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount or Percentage</th>
<th>Est. Amount of Gift to WNC</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Will or Trust with a sum of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Charitable Remainder Trust in the amount of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Remainder of Retirement Fund/IRA with a total current value of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Life Insurance Policy with a policy value at maturity of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Item or Asset in the amount of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please describe (eg, private collections, real estate, securities, etc.):

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount or Percentage</th>
<th>Est. Amount of Gift to WNC</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Will or Trust with a sum of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Charitable Remainder Trust in the amount of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Remainder of Retirement Fund/IRA with a total current value of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Life Insurance Policy with a policy value at maturity of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other Item or Asset in the amount of</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Beneficiary** – If Wolfe’s Neck Center is only a contingent beneficiary, please explain conditions.
__________________________________________________________________________

**Documentation** - Please provide us with copies of any documents (or the relevant pages) that include provisions...
**Contact Information**

**Will or Trust** – If your gift is included in a will or trust, please provide the following:

*Executor(s) or Trustee(s)*

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

**Beneficiary Designation** – If your gift is directed by a beneficiary designation, please provide the following: *Administrator or Company*

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

**Other Information** - Contacts and relationships you want us to know (family, attorney, etc.)

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

Name and Address: __________________________________________

☐ **New Intention** – This is a new bequest intention to Wolfe’s Neck Center.

☐ **Update to Intention** – This is an update to a previously recorded bequest intention to Wolfe’s Neck Center.

Signature: __________________________ Date: ____________

Signature: __________________________ Date: ____________

Print Name: __________________________

Print Name: __________________________

Street Address: __________________________

Street Address: __________________________

City, State, Zip: __________________________

City, State, Zip: __________________________

Email and Phone: __________________________

Email and Phone: __________________________

Please send this form (together with copies of any relevant documents) to Wolfe’s Neck Center, 184 Burnett Road, Freeport, ME 04032. Please contact Jeannie Mattson if you have any questions or concerns and would like to discuss things confidentially at (207) 865-4469 x 110.
[date___________]

I, [name____________________________], a resident of the County of [county___________], State of [state___________], declare that this is the codicil to my last will and testament, which is dated [date original signed________________________].

I add or change said last will in the following manner:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

[List all specific changes or additions to the original will. Reference each section number of the will and the specific language you will be affecting. This is where you could include a bequest to support our mission.]

Otherwise, I hereby confirm and republish my will dated [date original signed________________________], in all respects other than those herein mentioned. I subscribe my name to this codicil this [day, e.g. 1st] day of [month___________], [year_______________], at [full address where signed________________________], in the presence of [full name of first witness to codicil]___________________________________, [full name of second witness to codicil]___________________________________, and [full name of third witness to codicil]___________________________________, attesting witnesses, who subscribe their names here in my presence.

___________________________________
Maker

ATTEST

On the date last above written, [name____________________________], known by us to be the person whose signature appears at the end of this codicil, declared to us, [full name of first witness to codicil]___________________________________, [full name of second witness to codicil]___________________________________, and [full name of third witness to codicil]___________________________________, the undersigned, that the foregoing instrument, consisting of [number of pages to codicil_________] page(s) was the codicil to the will dated [date original signed________________________]: who then signed the codicil in our presence, and now in the presence of each other, we now sign our names as witnesses.

Witness (1)
Address:___________________________________
___________________________________
___________________________________

Witness (2)
Address:___________________________________
___________________________________
___________________________________

Witness (3)
Address:___________________________________
___________________________________
___________________________________