



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:

Description	Amount or Percentage	Est. Amount of Gift to WNC
<input type="checkbox"/> Will or Trust with a sum of		
<input type="checkbox"/> Charitable Remainder Trust in the amount of		
<input type="checkbox"/> Remainder of Retirement Fund/IRA with a total current value of		
<input type="checkbox"/> Life Insurance Policy with a policy value at maturity of		
<input type="checkbox"/> Other Item or Asset in the amount of Please describe (eg, private collections, real estate, securities, etc.):		

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	Phone and/or Email
_____	_____
_____	_____
_____	_____

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

Name and Address	Phone and/or Email
_____	_____
_____	_____
_____	_____

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

Name and Address	Phone and/or Email and Relationship
_____	_____
_____	_____
_____	_____

- 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.



WOLFE'S NECK CENTER FOR AGRICULTURE & THE ENVIRONMENT

[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:

