

# Legacy Gift Notification and Recognition Form

We are grateful to supporters who share with us their wish to leave a gift in a will or trust, or by beneficiary designation, to NAMI (National Alliance on Mental Illness). Understanding your wishes is extremely important to us. Many supporters provide additional detail about their plans by completing and returning this form. We recognize that your gift is revocable and that this information is non-binding, and hope you will update us if the details of your gift change. I assure you, we will keep this information completely confidential.

# My gift to NAMI is:

- $\Box$  A gift in my will or trust.
- $\Box$  A percentage of an IRA or other qualified retirement plan.
- $\Box$  A beneficiary of a life insurance policy.
- $\Box$  A beneficiary of a charitable remainder trust.
- □ A beneficiary of all or a percentage of funds remaining in my donor-advised fund.
- $\Box$  Other:

# My gift is stated as:

- $\Box$  A specific amount of: \$
- $\Box$  A percentage gift of: %
- $\Box$  Currently, this may result in an estimated gift of:  $\$
- $\Box$  This gift is in honor of:

Is NAMI a  $\Box$  primary or  $\Box$  contingent beneficiary?

### We would like to honor your dedication by listing you as part of the Iris Circle.

- $\Box$  When recognizing my/our gift, please list my name/our names as:
- □ I prefer to remain anonymous

 $\Box$  I would be willing to share my story in NAMI's newsletter of blog to inspire others.

### Name (Please Print):

Address:

Email:

Phone:

Date:

Please send your completed form to legacy@nami.org or to the address below.

NAMI • 4301 Wilson Blvd, Suite 300, Arlington, VA 22203 (703) 524-7600 • <u>www.nami.org</u>