

Name(s): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Cell) _____

Email(s): _____ Date(s) of Birth: _____

As an expression of my/our support of Free Wheelchair Mission, I/we hereby inform you that a legacy gift to Free Wheelchair Mission is included in my/our estate plans. I/We understand that this commitment is non-binding and that I/we retain the right to change or revoke this gift at any time.

I/We wish to declare to Free Wheelchair Mission for long-term planning purposes, that as of this date, the value of my/our gift is: \$_____. *Note: If your gift is a percentage of your estate, please indicate the approximate present value of that percentage. This information will remain confidential. We understand that the value of your gift may change depending on circumstances.*

I/We have provided this gift through my/our:

- ☐ Will
 ☐ IRA/Retirement Plan
 ☐ Charitable Remainder Trust
 ☐ Revocable Living Trust
☐ Trust
 ☐ Life Insurance
 ☐ Other _____

I/We understand that, by stating an amount, my/our estate is not legally bound by this statement and I/we may alter or revoke this gift at any time.

Donor Signature

Date

Donor Signature

Date

Return to:

Free Wheelchair Mission

ATTN: Planned Giving
15279 Alton Parkway, Suite 300
Irvine, CA 92618

Free Wheelchair Mission believes in a world where everyone who needs a wheelchair has one. With an estimated 80 million people around the world today in need of a wheelchair without the means to get one, Free Wheelchair Mission continues its mission to provide mobility to people living with disabilities in developing countries.

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