

# PAWS Planned Giving Intention Form

## CONTACT INFORMATION

Name:

Address:

City, State, Zip:

Phone:  Email:

## RECOGNITION PREFERENCE:

Yes, please recognize us by name with the hope that I/we may inspire others.

No, do not use our name. We prefer to be anonymous Pet Champions Society members.

## ALTERNATE CONTACT (Next of kin, attorney, accountant)

Name:

Relationship:

Phone:

Email:

## DESCRIPTION AND PURPOSE:

Type of Gift (will, trust, IRA, stock, life insurance, etc.):

Amount (estimate, percentage, other – please describe):

This gift is unrestricted and may be used where the need is greatest at the time.

This gift is to be use for the following purpose:

## SIGNATURES:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Thank you for joining PAW's Pet Champions Society. Please return this completed form to: PAWS, PO 69, Franklin County, Tx 75457.  
Questions: [info@pawstx.org](mailto:info@pawstx.org).

