**Sample Declaration of Support**

Once you have made a decision about a planned gift, you can send a short Declaration of Support to NCC. This allows us to properly thank you for your generosity and enroll you in our Legacy Circle. This sample language is tailored for your legal or financial advisor:

“I am pleased to report that my client(s) (name(s) optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has/have included The Northwest Catholic Counseling Center in his/her/their estate plan in the following manner (choose all that apply):

* As a beneficiary in a will or living trust. (Is gift (choose one) specific, residual or contingent?).
* As a beneficiary in a Charitable Remainder Trust or Charitable Lead Trust.
* As a beneficiary of a Retirement Plan.
* As a beneficiary in a Life Insurance Policy.
* A manner not named above. Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The estimated value to The Northwest Catholic Counseling Center is $\_\_\_\_\_\_\_\_.

The gift is to be used by The Northwest Catholic Counseling Center:

* In such a manner as its mission may determine
* Mental Health Services
* Capacity Building

In regards to listing my client(s)’s name as a donor and member of the Legacy Circle,

* I would like my client(s) name(s) to appear as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In memory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In honor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please do not list my client(s) name(s). The commitment should appear as “Anonymous”

I trust this information will be held in the strictest confidence and utilized only for estimating the value of future gifts. It is understood that this Declaration of Support is not legally binding and that the future gift to The Northwest Catholic Counseling Center may be changed without notice.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature Date Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name City, State, Zip Phone Number

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Email