



Estate Gift Intention Form

So that we may properly thank you and acknowledge your future gift to the Thompson Foundation for Autism & Neurodevelopment, please complete the following information about your gift.

Name	Birthdate	Spouse Name <i>(if applicable)</i>	Spouse Birthdate
_____	_____	_____	_____
Mailing Address	Apt. No.	Telephone	
_____	_____	_____	
City	State	Zip Code	
_____	_____	_____	

Type of Gift

Please attach a copy of the page from your plan that references the Thompson Foundation. **This document will be held in strict confidence.**

Will Living Trust Life Insurance Retirement Other:

Description of Gift

Please describe the nature of your gift to the Thompson Foundation (for example- percentage of estate, specific dollar amount, description of specific property, etc.).

As of today's date, I estimate the value of this provision in my estate plan to be:
\$ _____.

Purpose of Gift

- This is an unrestricted gift
 This gift is to be used for the following purpose or program:

I/We understand that this is not a legal or binding commitment on my/our estate. The Thompson Foundation for Autism & Neurodevelopment should understand that the size of this future gift may be significantly different from the amount estimated above. If for any reason in the future the Thompson Foundation is no longer in my/our plan, I/we will notify you so that you can update your records.

Signature

Date

Signature

Date

How to Include the Thompson Foundation for Autism & Neurodevelopment in Your Estate Plan:

To make a future gift to the Thompson Foundation for Autism & Neurodevelopment, you'll want to create or revise the documents that govern your gift. Describe how you plan to make the gift and the purpose or program your gift will support. To include the Foundation in your living trust, we suggest that you and your legal advisor consider the following language:

1. Describe how you plan to make the gift

- "...to the Thompson Foundation for Autism & Neurodevelopment, a Missouri charitable not-for-profit corporation, the sum of \$_____
- _____(description of specific property)
- _____ % of my estate owned by me at my death
- The residue of my property owned by me at my death

2. Describe the Purpose or Program that will benefit from your gift

- For the unrestricted use by the Thompson Foundation
- For the unrestricted use and benefit of the _____ program at the Thompson Foundation for Autism & Neurodevelopment
- To fund the previously established _____ fund and any amendments thereto
- To establish the _____ fund which is to be used for _____ in the Thompson Foundation

Upon your request, the Thompson Foundation for Autism & Neurodevelopment will prepare a separate fund document at no cost to you. Your trust may then direct the gift to the fund. By using this planning strategy, you will retain the option to alter the purpose or use of your fund without the expense or inconvenience of amending your estate plan.

3. Let us Know!

When you let us know that you've included the Thompson Foundation for Autism & Neurodevelopment in your estate plan, we can plan for the future and prepare to follow your gift instructions. We want to make sure we fulfill your wishes and preserve the legacy you have planned for your gift. Please contact us at the information below:

Thompson Foundation for Autism & Neurodevelopment
Attn: Myles Hinkel - Executive Director
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573-884-0777 | myles@thompsonfoundation.org
Tax I.D. No. 20-8293152