CONFIDENTIAL INTENTION FORM



Dear Donor,

We realize that many people who plan to support Appalachian Mountain Club through their estate and/or financial plans prefer to keep their intentions private. However, by letting us know of your plans, we can thank you during your life, and confirm that we are able to fulfill your stated intentions.

Please know that completing this form is non-binding — we understand that you may change your plans at any time. Please also know that all information you share with us is kept strictly confidential.

Cheryl Brodowski Director of Gift Planning Appalachian Mountain Club

Phone: 617-523-0637

Email: cbrodowski@outdoors.org

Planned Gift Notification- Confidential

Personal Information
Name:

Spouse Name:

Address:

City:

Phone:

Email:

Date(s) of Birth:

Your Gift Intention

		on and attach a copy of the documentation or appropriate ilable. Please complete all that apply.
I/We want to s described belo		of Appalachian Mountain Club through a planned gift as
☐ I/We have	included a bequest	for AMC in my/our will or living trust.
☐ I/We have	named AMC as a be	eneficiary of an asset:
Reti	rement Plan	Bank, Investment, or Other Financial Account
Life	Insurance Policy	Other:
	e named AMC as a re e remainder trust.	evocable/irrevocable (circle one) beneficiary of a
	possible, please inclu	/will be approximately \$ or % of ude a copy of the bequest language or other wording
	•	of the gift provision (such as, asset to be donated if other be used, whether gift is to create an endowment, etc.):
Yes, you may	include me/us in listi	ings of planned gift donors.
Please indicate ho	ow you would like you	our name(s) to appear in our Summit Trust listings. ded gift will not be published):
No, please do	not include me/us in	ı listings.
Signature(s):		
_		
Date:		

Return form to: Cheryl Brodowski Director of Gift Planning Appalachian Mountain Club 10 City Square, Boston, MA 02129

Phone: 617-523-0637

Email: cbrodowski@outdoors.org