



Wild Salmon Center Declaration of Planned Gift Intent

All information provided below is non-binding and will remain confidential for Wild Salmon Center's internal purposes only. Have questions? Please contact Kim Kosa, WSC's Development Director, at 971-255-5562 or kkosa@wildsalmoncenter.org. Our Tax ID is 94-3166095.

Recognition Preferences

I give permission to list my name as a member of the Wild Salmon Center Legacy Circle for recognition purposes only, with the understanding that the amount of my arrangement is strictly confidential.

Please list my name as: _____

I prefer my commitment remain anonymous and confidential for purposes of recognition – *during my lifetime*.

I prefer my commitment remain anonymous and confidential for purposes of recognition – *in perpetuity*.

I am pleased to include Wild Salmon Center in my plans as follows:

Bequest in my Will

Beneficiary of a Trust

Beneficiary of Life Insurance Policy

Beneficiary of an IRA

Beneficiary of a 401(k) Plan

Beneficiary of Charitable Lead Trust

Beneficiary of Charitable Remainder Trust

Other (briefly describe) _____

My commitment to Wild Salmon Center includes:

A gift of ____% of the residue of my estate, with an approximate value today of \$_____

A specific gift in the sum of \$_____

Other gift (and approximate value today). *Please explain briefly:*

Wild Salmon Center is a contingent beneficiary. *Please explain briefly:*

I have included a copy of the portion of my estate documents that names Wild Salmon Center as a beneficiary and understand this will be kept in a secure and confidential file.

Is there anything you would like us to know about how you would like your gift to be used? *Please note: all gifts are subject to WSC's Gift Acceptance Policy and will be considered a "general support" distribution or bequest unless otherwise directed.*

I would like to learn more about directing my bequest to WSC's Endowment.

Please help us ensure your legacy and intent are honored by providing the following contact information:

Executor, trustee, or other key person regarding your estate planning:

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Other important contacts or relationships (family, attorney, etc.):

Your Information – *Non-binding and for verification purposes only*

_____/_____/_____
Donor Name (printed) DOB

_____/_____/_____
Donor Signature Date

Primary Mailing Address: _____

Preferred Phone: _____ Email: _____

Please send this form, together with copies of all relevant supporting documents you would like to share to:

Wild Salmon Center
Attn: Kim Kosa
PO Box 10026
Portland, OR 97296

(971) 255-5562
Tax EIN: 94-3166095

Thank you for including Wild Salmon Center in your plans for the future—and helping us ensure wild salmon strongholds endure for generations to come.

Wild Salmon Center is a U.S. qualified 501(c)(3) organization. We do not provide legal or tax advice. As with any decision involving your assets, charitable giving, and estate planning, we strongly encourage you to seek the advice of a professional advisor.