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999 MOFOKENG STREET SAULSVILLE, PRETORIA NPO NO: 010-498

CHILDREN'S HOME NO: 7/8/3/6/40/GG

PBO NO: 9300028786

## **Declaration of Bequest Intention**

By completing this form, you signify your intention to name **Leamogetswe Safety Home** as a beneficiary of your estate. **Leamogetswe Safety Home** understands that all bequest provisions are revocable and that any intentions stated here are not binding on you or your estate. We are deeply grateful for your vision and generosity.

I have named Leamogetswe Safety Home	as a beneficiary of: (Check as many as a	apply)
□ My Last Will and Testament		
□ Retirement Account		
□ Revocable Trust (Living Trust)		
□ Charitable Trust		
□ Life Insurance Policy		
□ Donor Advised Fund		
□ Other (please specify)		
My provision(s) names Leamogetswe Safe	ety Home, as:	
□ Primary Beneficiary		
□ Secondary Beneficiary		
□ Contingent Beneficiary		
I estimate that the total value of my R	gift to Leamogetswe Safety Home t	hrough my estate will be
If/when this gift is received by Leamoget the following purpose:  □ General Purposes/Area of Greatest Nee □ Other	d	organization use my gift for
I understand that my commitment to leave managed by my appointed trustees at Neo		ift through my estate will be
Signature	Printed Name	Date
To facilitate our ability to honor the intenti or Trust (or appropriate sections thereof) f		
Signature	Printed Name	Date