



Ensuring Career and College Access for All

DOCUMENTING YOUR BEQUEST INTENTION

To support the career and college access mission of Great Aspirations Scholarship Program, Inc. (GRASP), I confirm my promise to make a gift to GRASP as part of my estate planning. If I make any change to this provision, I will notify GRASP of the change.

Name

Address

City, State, Zip

Preferred Telephone

Alternate Telephone

Preferred Email

Date of Birth (optional)

A bequest or trust distribution naming Great Aspirations Scholarship Program, Inc. as a beneficiary, dated _____, I estimate today's value of the bequest or trust distribution to be _____.

Another type of legacy gift as described below:

Bequest is in the amount of: _____ Or, is a percentage worth approximately: _____

My Bequest to GRASP will be funded by:

- Will/Bequest Living Trust Charitable Remainder Unitrust
- Life Insurance IRA/401(K) Other (specify) _____ (copy included?: yes no)

Purpose of Gift*: General Support or Specific Support (specify) _____

I/we would like to be recognized as _____

- I want to be recognized at the gift amount I have provided above.
- I want to keep my gift amount private. Please list my name under the general category *Planned Gift Supporter*.
- I want to keep my name and gift amount private. Please list me as *Anonymous*.

Donor Signature _____ Date _____

*If your bequest is for a restricted purpose, additional paperwork may be required to specify the restriction.

Questions can be directed to Todd Martin, tmartin@grasp4va.org or 804-527-7728. Send completed form to: GRASP, 2821 Emerywood Parkway, Suite 204, Henrico, VA 23294 or by email to info@grasp4va.org.