

PLANNED GIVING COMMITMENT FORM

Robert Irvine Foundation's planned giving supporters are leaving their legacy and making a larger impact to support our nation's heroes.

I/we would like to include the Foundation in my/our estate plans.

Name(s):		
Address:		
Email:	Phone:	
○ I /we would like to be recognized as:		
0 I/we wish to remain anonymous.		
Please indicate your planned gift below:		
• Bequest • Life insurance policy	• Retirement plan beneficiary	• Stock gift
Other		
This gift will be:		
0 A specific amount: \$	A gift of a specific asset	
• A percentage of the residuary of my estate, tr	ust, or retirement plan,	percent
Please add any details you wish to share:		
All information provided will be kept in the strictes understand that you may need to use estimates rath	• • •	ning purposes only. We
Purpose of the planned gift to the Robert Irv	vine Foundation	
• Unrestricted gift to provide maximum flex	ibility for the Robert Irvine Foundation to	o use for greatest need.
• For a specific purpose:		
Signature:	Date:	
Mail completed form to:		
Judith Otter, President, Robert Irvi	ne Foundation, 1227 N. Franklin St. Tan	npa, FL 33602
For further inquiries: Judith Otter a	at Jotter@RobertIrvineFoundation.org	
Completion of this forms is not intended to h	- less lie his diese heet wet Gestion of inter	

Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional financial advisor. The Robert Irvine Foundation is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code.

Tax ID #46-5420676. Contributions are deductible as allowed by law.