

DECLARATION OF FUTURE INTENT

Thank you for your intention to include WXXI Public Media in your estate plan. We ask that you complete this form with as much detail as you are willing to share. Any information about your gift will remain confidential and does not create a binding obligation.

	New Intention	Updated Intention	
My Information Full legal name(s)		DOB: DOB:	
Street address: City/State/Zip: Phone Number:		nil:	_
Gift Information I/We have provide	ed a gift to WXXI as set forth in r	my/our:	
Will or Trust Retirement Pla (401(k), 403(b), IR	n Other Assets:	y Charitable Gift Annuity	
WXXI is a cont	ingent beneficiary of the indicate	red asset above (Please Explain):	
indicated above. If		My/Our gift is% the current estimated value of the po	
Recognition Yes, you may r	recognize me/us as a donor. Ple	ease list my/our name as follows:	
gift matures	remain anonymous during our lemain anonymous	lifetime(s) but you may recognize me	 e/us after my/ou
	•	d where the need is greatest at WXX	
I/We wish to sp	pecify that this gift be used to su	upport the following program(s) or pu	rpose(s):
		ing obligation and any details about ize of my/our future gift may change	
Signature and Dat	e:		
Signature and Dat	e:		