



TACF GIFT INTENTION FORM

We are grateful to you for including The American Chestnut Foundation in your estate plans. To ensure your wishes are carried out, please take a moment to complete the form below and return it to us.

YOUR NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BEST PHONE NUMBER: _____

DATE OF BIRTH: _____

JOINT GIFT WITH: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BEST PHONE NUMBER: _____

DATE OF BIRTH: _____

I/We have named The American Chestnut Foundation as a beneficiary in the following:
(Please check all that apply)

- WILL OR LIVING TRUST (Please specify amount or percentage) _____
- IRA, PENSION, 401K, 403B, RETIREMENT ACCOUNT
- LIFE INSURANCE POLICY
- CHARITABLE REMAINDER TRUST (CLT)
- DONOR-ADVISED FUND
- OTHER (PLEASE SPECIFY)

GIFT VALUE: _____

GIFT DESIGNATION (IF APPLICABLE): _____

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Please note: If you include The American Chestnut Foundation in your will or living trust, please use the following designation:

The American Chestnut Foundation, a nonprofit corporation, organized and existing under the laws of Virginia, with principal business address of 50 N. Merrimon Avenue, Suite 115, Asheville, NC 28804-1383.

Tax identification number: 41-1483019

Date of Incorporation: June 22, 1983

The name, address, and tax identification information listed above may also be used to complete beneficiary forms for retirement plans and insurance policies.

- I/We have attached document copies for use by The American Chestnut Foundation. (Check all document categories that apply.)
- SECTIONS OF MY/OUR WILL(S) OR TRUST
 - BENEFICIARY DESIGNATION FORMS
 - BANK OR BROKERAGE STATEMENTS
 - OTHER (PLEASE SPECIFY) _____

Please share what inspired you to make this gift:

- I/We may be included in TACF publications.
- I/We prefer to remain anonymous.

This signed Confidential Estate Planning document is not a binding agreement or pledge. It does allow The American Chestnut Foundation to recognize your generous gift, to record the estimated gift value and allow us to assist you with keeping your gift documents for future use. This and any additional documentation shared with TACF will remain strictly confidential.

SIGNATURE OF PRIMARY GIFT OWNER: _____

DATE: _____

SIGNATURE OF JOINT GIFT OWNER: _____

DATE: _____