



Golden Legacy Register Statement of Intent

In recognition of my / our strong belief in the good works the organization does, I / we confirm that I / we have taken steps to include the Honorable Order of Kentucky Colonels in my / our estate plans.

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Phone _____ Email _____

I / We have included The Honorable Order of Kentucky Colonels as a beneficiary of my / our estate plan in the following way:

Bequest (Will or Living Trust)

- Percentage _____% Residual _____%
 Specific Amount \$ _____ Other _____
 Contingency

Retirement Plan

- Percentage _____% Other _____

Charitable Trust

Present size of trust corpus \$ _____
HOKC's % of remainder or lead trust _____ %
Trustee _____
Contact Information _____

Life Insurance Policy

Policy face amount \$ _____
Current cash value \$ _____
Type of policy _____
Policy number _____
Company name _____
Contact Information _____

Other (please describe) _____

The estimated value of my / our gift is \$ _____ I/we understand that, by stating an amount, my/ our estate is not legally bound by this statement and I/we may choose to add, subtract, or revoke this bequest at any time, at my/our sole discretion.

_____ ***I / We wish to keep the value of the gift confidential.***

My / Our gift is restricted in designation to be used to support:

- Legacy of Honor Society (choose area below)
 - Community Services
 - Disabled Support and Services
 - Education
 - Health, Rehabilitation, and Mental Illness
 - Historic Preservation
 - Support for the Poor and Needy
 - Veteran Services and Military
 - Youth Services
- Good Works Program

The Legacy of Honor recognizes Colonels who have made a commitment of \$100,000 or more through their estate plans and are age 65 or older.

Name of Legacy of Honor Society Fund

Donor Recognition

- Please include me as a member of The Golden Legacy Register with the opportunity to participate in special programs or events. List my / our name(s) for recognition as follows:

- I / We prefer that our gift remain confidential. Please do not list my / our name(s) for any outside publication.
- Please list my / our name(s) internally only.
- I / We prefer that our gift remain anonymous. Please do not list my / our name(s) either internally or externally.

Signature _____ **Date** _____

Signature _____ **Date** _____

This is a confidential gift planning information form that is not a legal obligation and may be changed at the donors' discretion. HOKC kindly requests notification of changes to your commitment.

Comments:

Please return this form to

Leslie M. Watkins

Honorable Order of Kentucky Colonels

943 South First Street

Louisville, KY 40203