Planned Gift Intention Form Iron Rose Sister Ministries

If you wish to inform Iron Rose Sister Ministries of your intention to leave a planned gift, please complete the following and mail to Iron Rose Sister Ministries, PO Box 1351, Searcy, AR 72145. This is not legally binding.

Name		Date of Birth
Address		
City	State	Zip
Email Address		Phone
☐ Yes, you ma	ay contact my attorney to receive a complete	copy of my will and/or trust.
Attorney Nam	e	Phone
Attorney Ema	il Address	
Ministries. Plea	se include a credible estimate of the current v	-
Bequest	through your will or trust to Iron Rose Sister	Ministries
	Specific Dollar Amount	
	Specific percentage of your estate	
	Specific percentage of your residuary estate all other bequests and expenses have been f	• •
Iron Rose	e Sister Ministries is a beneficiary of all or a p	•
	A life insurance policy	
	A financial intuition (bank, CD, brokerage) ad	ccount
	A retirement account	
Other		
Donor Recogni	tion Confirmation	
_	on Rose Sister Ministries permission to public γ (on the website and in annual reports).	ly recognize my/our membership in their
☐ I prefer to r	remain anonymous.	
☐ Yes, I would publications.	d be interested in sharing the story of my supp	oort for Iron Rose Sister Ministries in your
Name as you wish it to appear on the Legacy Society page:		

This document is not intended to be legally binding. We recommend you seek the advice of your attorney when considering a planned gift.