

## **Planned Gift Form**

Members of the Terra Vita Society make a bequest to help to ensure that newly-arrived immigrant children and families have access to quality healthcare and legal representation.

Yes, I would like to make a bequest or donor designation.

	NAME(S)	DATE OF BIRTH
	NAME(3)	DATE OF BIRTH
	ADDRESS	
	CITY	STATE ZIP
		STATE ZIF
	EMAIL	PHONE
As evidence of my desire to provide a legacy of support, I wish to inform Terra Firma that:		
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	It has been/will be named in my will or trust.	
	□ It has been/will be named as a beneficiary of a retirement account and/or insurance policy. As of this date, the approximate value of my gift is \$	
	(If your gift is a percentage of your estate, please indicate the approximate present value)	
	of that percentage.)	
المعنوم	ate this sift to be used for	
I designate this gift to be used for:		
	Unrestricted Support	
	□ Restricted Support, for the following purposes:	
We welcome the opportunity to recognize your generosity as a legacy donor in select Terra Firma		
publications as a way to express our gratitude and to encourage other donors to contribute in this way.		
	Yes, you may publicize my name.	
	□ No, I prefer my intentions to remain anonymous.	

DONOR SIGNATURE

DATE

Please return this form to: Terra Firma, Inc., 853 Longwood Ave, Suite 201, Bronx, NY 10459.

Terra Firma is a 501(c)(3) not-for-profit organization. All donations are tax-deductible to the fullest extent allowed by law. For more information, please contact Dr. Alan Shapiro at alan.shapiro@terrafirma.nyc.