



## Estate Gift Intention Form

So that we may properly thank you and acknowledge your future gift to the Albuquerque Public Schools Education Foundation (APSEF), please complete the following information. *Your information will remain confidential, and we do not share our mailing list.*

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### Donor Contact Information

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Spouse/Partner Name (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone Contact (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Donor DOB

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse/Partner DOB

\_\_\_\_\_  
Email Address

**Preferred method of communication (check all applicable)**  Phone  E-mail  Hard Copy

**Personal Representative** (attorney, financial advisor, executor of estate)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_(Please check here is a personal representative has not been selected)

### Purpose of Gift

\_\_\_\_\_  
This is an unrestricted gift

\_\_\_\_\_  
This gift is to be used for the following purpose(s) or program(s):

**Type of Gift**

Will  Revocable Trust  Life Insurance  Retirement Plan  Irrevocable Trust  
 Annuity  
 Other (please describe): \_\_\_\_\_

**Description of Gift**

I estimate today's value of my gift to be \$\_\_\_\_\_

If you plan to give a percentage of you post tax estate to APSEF, please indicate the percentage \_\_\_\_\_

If you plan to donate a tangible property to APSEF please describe the property (e.g., house, business, art work) \_\_\_\_\_

Is this a "contingent" gift?  Yes  No

(APSEF is an alternative beneficiary and will only receive the gift under certain circumstances.)

If yes, please describe the circumstances: \_\_\_\_\_

**Recognition of Gift**

My gift is anonymous.

My gift may be acknowledged APSEF's discretion.

My gift may be acknowledged with the following considerations (e.g., do not disclose amount): \_\_\_\_\_

**Individuals to be notified**

I/we would like the following individual(s) notified that my/our planned gift has been received and distributed:

\_\_\_\_\_  
Name Street Address City State/Zip Code Relationship

\_\_\_\_\_  
Name Street Address City State/Zip Code Relationship

\_\_\_\_\_  
Name Street Address City State/Zip Code Relationship

I/We understand this is not a legal or binding commitment on my/our estate. APSEF should understand the size of this future gift might be significantly different from the amount estimated above. If for any reason in the future APSEF is no longer included in my/our plan, I/we will notify APSEF so that APSEF's records may be updated.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If you have any questions regarding this form or your planned gift intentions, please contact:

Executive Director  
**Albuquerque Public Schools Education Foundation (APSEF)**  
*Physical:* 6400 Uptown Blvd., N.E., Suite 630E , Albuquerque, NM 87110  
*Mailing:* P.O. Box 25704, Albuquerque, NM 87125-0704  
505.881.0841  
[Foundation@aps.edu](mailto:Foundation@aps.edu)