

# Lifelong Friends Confidential Membership Form



To understand the wishes of your gift, please complete this confidential form.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## For recognition purposes, list my/our name(s) as follows

Birthday: \_\_\_\_\_

- I/We prefer that my/our gift intention remain anonymous.

## I/We am/are confirming the following provisions to KHS:

- |   |   |
|---|---|
| <input type="checkbox"/> Assets or Securities       | <input type="checkbox"/> Insurance Policy       |
| <input type="checkbox"/> Charitable Gift Annuity    | <input type="checkbox"/> IRA Rollover           |
| <input type="checkbox"/> Charitable Remainder Trust | <input type="checkbox"/> Will or Trust          |
| <input type="checkbox"/> Charitable Lead Trust      | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> IRA or Retirement Plan     | _____   |

## Designation of Gift:

- Unrestricted (for area of greatest need): \_\_\_\_\_
- Restricted for the following purpose: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The estimated current value of our gift: \_\_\_\_\_

Financial advisor or institution: \_\_\_\_\_

Please send this form (along with any relevant documents) to the KHS Development Department.  
Please contact us if you have any questions or concerns.

Kentucky Humane Society | Development Department | 1000 Lyndon Ln | Louisville, KY 40222  
Tel (502)515-3147 | Fax (502)425-4230 | [kbinkowski@kyhumane.org](mailto:kbinkowski@kyhumane.org) | [www.kyhumane.org](http://www.kyhumane.org)



Completion of this form is not legally binding, but a good faith of intent.  
Please note our legal name is "Kentucky Humane Society – Animal Rescue League, Inc."  
**Tax ID# is 61-0463938**

