



## Planned Gift Information for the FOUNDATION

Confidential

I have included the Foundation as a beneficiary of my trust or estate plan as follows and understand that this does not legally obligate me or my estate in any way:

Will or Living Trust

Retirement Plan

Life Insurance Policy

Other \_\_\_\_\_

The estimated value of my gift is \$ \_\_\_\_\_

I intend my gift to be used for (list a defined purpose if applicable) \_\_\_\_\_

\_\_\_\_\_

Name (please print) \_\_\_\_\_

ID # (if NSA member) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to:**

Gift Planning  
National Sheriffs' Association  
1450 Duke St  
Alexandria, VA 22314

Telephone: 703.836.7827 or 800.424.7827

Facsimile: 703.683.6541

Email: [giftplanning@sheriffs.org](mailto:giftplanning@sheriffs.org)

Website: [www.sheriffs.org](http://www.sheriffs.org)