



**Planned Gift Intention Form**

To demonstrate my/our commitment to support continued efforts to share the gift of life made possible through organ, eye and tissue donation, I/we have made charitable provisions for Upper Midwest Organ Procurement Organization (dba LifeSource) in my/our estate plans.

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

Birthdate(s): \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

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

Please indicate the type(s) of planned gift below. *Optional: Please provide information noted in italics. Completion of this form is not intended to be legally binding, but simply a notification of intent.*

Planned Gift option	Percentage / Dollar Amount ( <i>optional</i> )	Primary Beneficiary / Contingent Beneficiary Name of Provider for Endowment / Charitable Gift Annuities / Donor Advised Funds
Bequest in my /our will		
Trust		
Retirement Plan Beneficiary		
Life Insurance Beneficiary		
Family Foundation Beneficiary		
Endowment or Donor Advised Fund (name of provider)		
Other ( <i>please specify</i> )		

*Estimated value of your planned gift (optional):* \_\_\_\_\_

*Name and Phone Number of Attorney or Financial Advisor (if applicable):*  
 \_\_\_\_\_

*Name and Phone number of your Power of Attorney (if applicable) or a designated Family Contact:*  
 \_\_\_\_\_

**Sample Bequest Language**

*"I give, devise, and bequeath to LifeSource, a non-profit corporation, \_\_\_\_\_ (insert a sum or percentage of your estate) as an unrestricted gift."*

**All information provided will be kept in the strictest confidence and used for internal planning only.**



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### LifeSource Legacy Circle

The LifeSource Legacy Circle honors those who have designated a charitable gift to LifeSource as part of their estate planning. Recognition includes invitations to special events and inclusion in our Annual Report and acknowledgement on the Legacy Circle Wall. Please note your name(s) exactly as you wish them to appear or let us know if you prefer to make your planned gift anonymously.

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

\_\_\_\_\_ I/we prefer to make this planned gift anonymously.

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

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

Please return this completed form and address any questions to:

Laura Kelly Lovdahl  
Philanthropy Coordinator  
LifeSource  
2225 West River Road N  
Minneapolis, MN 55411

lkellylovdahl@life-source.org  
Phone: 612-800-6299

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*\*Completion of this form is not intended to be legally binding, but notification of intent. Please discuss your planned giving intentions with your professional advisor. LifeSource is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. Contributions are deductible as allowed by law.*

*Planned gifts will be used at the discretion of the organization, and may be used in a match fund, capital campaign or endowment. Unless your planned gift is specifically restricted, LifeSource's executive leadership team will determine the best use of your generous contribution.*

Legal Name: Upper Midwest Organ Procurement Organization (dba LifeSource)  
Address: 2225 West River Road N, Minneapolis, MN 55411 Phone: 612-800-6100  
Tax ID #: 36-3584029