

# DEIII SIREETCIGITI

# **Deaf Streetlight – Legacy Intention Form**

Confidential - For Planning Purposes Only

Your Information

Thank you for considering a lasting gift to Deaf Streetlight. Your legacy helps ensure that Deaf individuals and families continue to grow in faith, leadership, and community for generations to come. This form is not legally binding but helps us steward your gift with care and gratitude.

# Full Name: Address: City/State/ZIP: Email: Phone: Gift Information I have included Deaf Streetlight in my will or trust I have named Deaf Streetlight as a beneficiary of: Retirement account (IRA, 401(k), etc.) Life insurance policy Bank or investment account

[] I plan to include Deaf Streetlight in my estate

[] I prefer to keep the details confidential

### Estimated Value (optional):

\$
Recognition Preference
[] You may acknowledge my legacy gift publicly
[] I prefer to remain anonymous
Signature:
olgitatore.
Date:

## Please return this form to:

Deaf Streetlight P.O. Box 58643

Cincinnati, OH 45258

 ${\it Email: staff@deafstreetlight.com}$ 

Website: deafstreetlight.com

EIN: 03-0459622