



## LEGACY GIFT INTENTION

*Thank you for creating a lasting legacy of migrant justice with your unrestricted planned or estate gift to benefit RAICES (EIN: 74-2436920). We appreciate you sharing this information with us so that we can thank you now and be available to assist you, if needed.*

*Should you have questions or to discuss a specific purpose for your gift, please contact Rhonda Rogers Armor, Director of Legacy Gifts, at +1 (726) 900-8556 or [rhonda.armor@raicestexas.org](mailto:rhonda.armor@raicestexas.org).*

### Gift Details

New Intention    Updated Intention

First Name\* \_\_\_\_\_

Middle/Maiden Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City \* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Birthdate \_\_\_\_\_

Phone Number\* \_\_\_\_\_

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

I/we have set forth the terms of a gift to RAICES in my/our\*:

- Will or Trust
- Insurance Policy
- Retirement Plan
- Donor Advised Fund
- Bank Account

Additional full name, if a joint gift:

\_\_\_\_\_

Current estimated value of gift: \$\_\_\_\_\_ or

Percentage of asset: \_\_\_\_\_%

RAICES is a contingent beneficiary of the indicated asset above (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*The specifics of your gift, including value, are confidential and will not be listed in any public reports.*

**Recognition\***

I/we agree to be recognized in public-facing digital and print materials. Please list my/our name(s) as follows:

\_\_\_\_\_

I/we wish to remain anonymous

**Additional Contacts**

**Executor, Trustee (Will, Trust)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

**Administrating Company (Account, Policy)**

\_\_\_\_\_

\_\_\_\_\_

**Alternate Contact (attorney, financial planner, etc.)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

*The information that you provide in this form is not legally binding and will remain strictly confidential. **You reserve the right to update the terms at any time.***

If the information provided should change, I/we agree to inform RAICES of the change.

Date\* \_\_\_\_\_

After downloading and completing your legacy intention form, please return by mail to:

RAICES  
Office of Development  
ATTN: Rhonda Rogers Armor  
1305 N. Flores St.  
San Antonio TX 78212

or by email to

[rhonda.armor@raicetexas.org](mailto:rhonda.armor@raicetexas.org)

Rhonda Rogers Armor, Director of Legacy Gifts

THANK YOU!