

Statement of Intent

Name		
Address		
City	State	Zip
Telephone	Email	
1/	we have made the following pr	ovision for a gift:
□ Bequest	☐ Retirement Plan	□ Life Insurance Policy
□ Charitable Gift Annuity	☐ Charitable Remainder Trus	ct 🗆 Other
In recognizing this gift, VisionC	orps is authorized to list the follo	owing names as members of the 1926 Society:
	i to be listed as anonymous men is a copy of my/our will/trust to	
If your gift is restricted in any way, p	lease describe the nature of the	restriction:
		ft was created ceases to exist, then VisionCorps tees determines to be compatible with my/our
Signature		 Date
Signature		 Date

VisionCorps
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