



TC	DDAY'S DATE:/		
N/	AME:	DATE OF BIRTH:	//
ST	REET ADDRESS:		
CI	TY:	STATE:	ZIP:
TE	ELEPHONE: ()		
	SIGNATU	URE:	
	A	DDITIONAL INFORMATION	I
I HAVE PROVII	DED A GIFT TO THE <i>KAF E</i> I	ENDOWMENT FUND USING THE FO	LLOWING METHOD(S):
□ WILL [☐ REVOCABLE LIVING TRU	ENDOWMENT FUND USING THE FOURTH CHARITABLE REMAIND LIFE INSURANCE POLICY BEI	ER TRUST
☐ WILL ☐ RETIREME THIS GIFT IS: ☐ A percenta ☐ A Gift of a S	□ REVOCABLE LIVING TRU NT FUND BENEFICIARY	UST	ER TRUST
☐ WILL ☐ RETIREME THIS GIFT IS: ☐ A percenta ☐ A Gift of a S ☐ A Gift of a S	REVOCABLE LIVING TRUNT FUND BENEFICIARY age of the residuary of my specific Amount: \$	UST	ER TRUST
☐ WILL ☐ RETIREME THIS GIFT IS: ☐ A percenta ☐ A Gift of a S ☐ A Gift of a S	REVOCABLE LIVING TRUNT FUND BENEFICIARY age of the residuary of my specific Amount: \$	UST	ER TRUST
☐ WILL ☐ RETIREME THIS GIFT IS: ☐ A percenta ☐ A Gift of a S ☐ A Gift of a S	REVOCABLE LIVING TRUNT FUND BENEFICIARY age of the residuary of my specific Amount: \$ specific Asset:	UST	ER TRUST

of the rest, residue, and remainder of my estate [or \$______ if specific amount] to be deposited in the KAF Endowment Fund.

THANK YOU FOR YOUR COMMITMENT TO AND SUPPORT OF KAF.

RETURN THIS FORM TO: KAF Office of Planned Giving 881 Coyote Gulch Court Ivins, UT 84738