Planned Giving Statement of Intent
This statement is an expression of my intent to provide for the future of ARAS through a planned or estate gift. The provision(s) made include the following:

____ An outright bequest upon the passing of the donor, or the passing of the donor and spouse.

____ A life insurance policy, in which ARAS is named as beneficiary or owner and beneficiary.

____ Retirement assets, in which ARAS is named as a beneficiary.

____ A trust agreement, with income reserved for the donor, spouse, or other income beneficiary.

____ Other (please specify) ____________________________________________________________

The estimated value of my (our) gift is $__________________

Purpose
It is my wish that the gift be used:

____ Where the need is greatest.

____ ARAS Education/Pioneer Teens Program

____ Other designation: ________________________________________________________________

__________________________________________
Recognition
ARAS appreciates the opportunity to acknowledge your commitment to the community by publicly recognizing your contribution. If you prefer to remain anonymous, however, we will respect your wishes.

_____ I (we) permit ARAS to use my/our name(s) in printed lists of planned gifts/Legacy Society members, which may appear on our web site and/or other publications.

_____ I (we) prefer to remain anonymous during my/our lifetime(s). You may recognize my/our gift after you receive it.

_____ I (we) prefer to remain anonymous during and after my/our lifetime(s).

Donor Signature ____________________________ Date ____________

Printed Name: ____________________________

Address: ______________________________________________________

City: ___________________ State: __________ Zip Code: ____________

Phone: (H) __________________ (W) _______ (C) ____________

email: ______________________________________________________

Date of Birth: ________________________________

Spouse’s Signature ____________________________ Date ____________

Printed Name: ____________________________

Address: ______________________________________________________

City: ___________________ State: __________ Zip Code: ____________

Phone: (H) __________________ (W) _______ (C) ____________

email: ______________________________________________________

Date of Birth: ________________________________

If you have any questions, please contact us at 212-697-3480 or info@aras.org.

You may submit this form to us via email at info@aras.org or by mail:
ARAS
28 East 36th Street
New York, NY 10016

Thank you for your commitment to ARAS and your investment in its future.