



**WARRIOR'S REST**  
**FOUNDATION®**  
 TRUST, COURAGE, RESILIENCE

**Planned Gift Contribution**

Please return to: Warrior's Rest Foundation  
 2932 NW 122<sup>nd</sup> St., Suite 10  
 Oklahoma City, OK 73120

This confirmation of deferred gift form is a record of your intent, a donor- approved reference for future us.  
**This is not a binding legal document.**  
 Thank you for your gift to support the Warrior's Rest Foundation

Taxpayer ID: 82-3963036

Donor Name(s) (printed): \_\_\_\_\_

Donor Address: \_\_\_\_\_

Donor Email: \_\_\_\_\_

Donor Phone Number: \_\_\_\_\_

**Will Bequest**

- Specific Amount: \_\_\_\_\_
- Specific Percentage \_\_\_\_\_ %
- Residual bequest
- Contingent bequest

**Trust Bequest**

- Specific Amount: \_\_\_\_\_
- Specific Percentage \_\_\_\_\_ %
- Revocable
- Irrevocable
- Charitable Remainder
- Unitrust
- Annuity Trust

**Other**

- Specific Amount: \_\_\_\_\_
- Specific Percentage \_\_\_\_\_ %
- Life Insurance Beneficiary
- Gift Annuity
- Charitable
- Deferred
- IRA, Pension, or other retirement Account
- Charitable Legacy Fund
- Stocks/securities
- Other: \_\_\_\_\_

Good Faith Estimate of the Gift Value: \_\_\_\_\_

Name of Lawyer or Financial Advisor (optional) \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Designation or Gift:**

- My / Our gift may be used for the Warrior's Rest Foundation's greatest needs.
- My / Our gift is designated for the following purpose(s): \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for supporting our mission through your generous contribution.*