



Planned Giving Form

Personal and Confidential

HumanWorks Affiliates, Inc. recognizes those who have decided to make a lasting impact through long-term giving plans. Charitable donors who include HumanWorks Affiliates, Inc. in their planned giving help secure resources for disadvantaged and underserved populations so that they may continue to reach their potential.

In support of HumanWorks Affiliates, Inc., I/we intend to provide a major lifetime gift through a bequest provision in my/our will, a charitable gift annuity, or other deferred gift:

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please indicate your planned gift below:

- Bequest Life Insurance Policy Charitable Gift Annuity
 Retirement Plan Beneficiary Charitable Remainder Trust Stock Gift
 Other: _____

This Gift will be:

- Specific Amount: \$ _____ A gift of a specific asset _____
 A percentage of the residuary of my estate, trust, or retirement plan _____ %

Please provide any additional details about your estate provision or other planned gift:

Purpose of Gift:

- Unrestricted gift to be used as seen fit by HWA to use for greatest need
 Restricted gift for specific purpose: _____

Documentation:

I/we included a copy of the provision: a copy of the portion of the will that applies to HumanWorks Affiliates, Inc. or the trust agreement or Change of Beneficiary Form (401k, 403b, IRA's, Insurance) in which HumanWorks Affiliates, Inc. is named or any other provision necessary to document planned giving

I/we will send a copy of the provision once executed
(NOTE: a planned gift is not considered fully documented until a copy of the provision is received)

Would you like to be recognized for your contribution?

I/we prefer to remain anonymous.

I authorize HumanWorks Affiliates, Inc. and its designated affiliates to use, disclose, and publish the name(s) as listed above for the purposes of awareness, development, and promoting the mission of HumanWorks Affiliates, Inc.

Last Name: _____ First Name: _____

Signature: _____ Date: _____

Last Name: _____ First Name: _____

Signature: _____ Date: _____

PLEASE RETURN TO:

Sarah Evans, Corporate Advancement Assistant
HumanWorks Affiliates, Inc., 7310 Tilghman St., Suite 300, Allentown PA 18106
Phone: 484-929-2789 Email: sevens@hwa-team.com

HumanWorks Affiliates, Inc. is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. All gifts are tax deductible as provided by law. Tax ID #23-275562