



**DECLARATION OF SUPPORT**  
(Notification of Inclusion of the NBCC Foundation in Estate Plan)

I am pleased to report that my client(s) (name(s) optional)  
\_\_\_\_\_ has/have included the NBCC Foundation in his/her/their  
estate plan in the following manner:

**Check all boxes that apply:**

- As a beneficiary in a will or living trust. (Gift is specific, residual or contingent (circle one).)
- As a beneficiary in a charitable remainder trust or charitable lead trust.
- As a beneficiary of a retirement plan.
- As a beneficiary in a life insurance policy.
- Other. Please specify: \_\_\_\_\_

The estimated value to the NBCC Foundation is  
\$\_\_\_\_\_.

The gift is to be used by the NBCC Foundation:

- In such a manner as its mission may determine.
- For scholarships.
- For capacity-building grants.
- For Mental Health Facilitator grants.

Please acknowledge my client(s)'s donation as follows:

- Client(s)'s name(s) to appear as: \_\_\_\_\_
- In memory of \_\_\_\_\_
- In honor of \_\_\_\_\_
- Please do not list my client(s)'s name(s). Please acknowledge as "Anonymous."

Client(s)'s Birth Date(s): \_\_\_\_\_

I trust this information will be held in the strictest confidence and utilized only for estimating the value of future gifts. It is understood that this declaration of support is not legally binding and that the future gift to the NBCC Foundation may be changed without notice.

Advisor Signature	Date	Address
Print Name		City, State, ZIP Code
		Telephone Number