

Estate Gift Intention Form - Confidential

Name(s):		
Address:		
City:	State:	Zip:
Phone:	Email:	
Date(s) of Birth:		
Gift Intention		
Please provide the following inf	ormation. Complete all that apply.	
I/We have included SQB of IRA/Retirement Bank, Investment Life Insurance Other:	ent, or Other Financial Account Policy is a revocable/irrevocable (circle one r gift is/will be approximately: \$	trust) beneficiary of a Charitable Remainder Trust
Gift Recognition		
Please indicate how you w intended gift will not be p No, please do not include	ublished):	our acknowledgement (please note the amount of your
Signature(s):		Date:
For the avoidance of doubt, my sub	omission of this form does not create any	legally binding obligation.
Return form to:		
Becca Latimore, Chief Develop	nent Officer	
SquashBusters, Inc.		
795 Columbus Ave.		
Boston, MA 02120		

r.latimore@squashbusters.org