



Planned Giving Statement of Intent

This statement is an expression of my intent to provide for the future of **Connections Work** 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 **Connections Work** is named as a beneficiary or owner and beneficiary.

_____ Retirement assets, in which **Connections Work** is named as a beneficiary.

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

_____ Other (please specify) _____

Special circumstances of my gift include:

The estimated value of my/our gift is \$ _____

Recognition*

Connections Work 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 **Connections Work** to use my/our name(s) in printed lists of planned gifts, which may appear in the annual report, newsletter, website and/or other publications.

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

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

Contact Information

First Name (Donor 1)

First Name (Donor 2)

Last Name (Donor 1)

Last Name (Donor 2)

Address

City, State, Zip

Preferred Phone

Preferred Phone (if different)

Email (Donor 1)

Email (Donor 2)

Date of Birth (Donor 1)

Date of Birth (Donor 2)

**Note for couples: We are happy to list you either separately or as a couple, depending on your preference. If you would like to be recognized as a couple, please complete this form accordingly. If you are making separate planned gifts and prefer to be listed individually in all documents and/or publications, please submit separate forms, one in each name.*

Preferred Recognition (How you wish your name to appear in print)

Thank you for your commitment to Opportunity and Second Chances!

If you have any questions, please contact BCPS's Development Office.

Email: Development@ConnectionsWork.org or phone: 484-260-3860 extension 3043.

_____	_____
Donor (1) Print	Donor (2) Print
_____	_____
Donor (1) Signature	Donor (2) Signature
_____	_____
Date	Date

Agreement: Please sign and return from to BCPS. A duplicated copy with corresponding signatures from BCPS will be sent to you.

Berks Connections/Pretrial Services	
_____	_____
Co-Executive Director - Print Name	Date

Co-Executive Director - Signature	
_____	_____
Development Director - Print Name	Date

Development Director - Signature	

Connections Work is a 501(c)3 nonprofit organization - donations are tax-deductible to the fullest extent allowed by law. The official registration and financial information of Connections Work may be obtained from the Pennsylvania Department of State by calling 800-732-0999. Registration does not imply

endorsement.



Please send this form to:
Vanessa Starr, Development Director
Connections Work
19 N. 6th Street, 4th Floor, Reading, PA 19601
Or email to: vsarr@bcpsreentry.org