Legacy Giving Statement of Intent

I/We desire to provide for the future well-being of the Surgical Eye Expeditions International (dba SEE International) through a provision in my/our estate plan. It is my/our understanding that this information is provided to help SEE International in projecting future support and is not considered a binding legal obligation in any fashion, and that any bequest may be changed without further notice.

CHECK ALL THAT APPLY

- ☐ I/We plan to include SEE International as a charitable beneficiary of my will/our wills or my/our revocable living trust.
- ☐ I/We plan to name SEE International as a beneficiary of a Retirement Plan.
- ☐ I/We intend to name SEE International as a beneficiary of a Life Insurance Policy.
- ☐ I/We intend to name SEE International. as a beneficiary in a manner not described above. Please specify

The current value of my/our future gift is $ _____

(This amount will be kept confidential by SEE; if your gift is a percentage of your estate, please indicate the approximate value.)

PURPOSE OF FUTURE GIFT (REQUIRED)

- ☐ This gift is to be unrestricted and may be used where the need is greatest at SEE International
- ☐ I/we wish to specify that this gift be used to support the following project(s) or purpose(s):

_____

RECOGNITION

- ☐ Yes, you may recognize me/us in donor lists and at events. Please list my/our name as indicated below.
- ☐ I/We prefer to remain anonymous during our lifetimes, but you may recognize me/us after my/our gift matures.
- ☐ I/We prefer to remain anonymous

Signature _____ Signature _____

Printed Name _____ Date _____ Printed Name _____ Date _____

Address _____

City State Zip _____

Email Address _____ Primary Phone _____

For questions, please email Gerardo Pantoja at **gpantoja@seeintl.org** or visit **seeintl.org/legacy-giving**

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For your information, SEE International's tax identification number is **31-1682275**. Please include this number along with SEE International's name and address (6500 Hollister, Suite 120 Goleta, CA 93117) in your estate planning vehicle.

IMPORTANT CONTACT INFORMATION

Contact Information Will or Trust – If your gift is included in a will or trust, please provide the following:

Executor(s) or Trustee(s) Name _____

Address Phone and/or email _____

_____

Beneficiary Designation – If your gift is directed by a beneficiary designation, please provide the following:

Administrator or Company Name _____

Address Phone and/or email _____

Other Information, Contacts, and Relationships You Want Us to Know (family, attorney, etc.)

Name _____

Address Phone and/or email and relationship _____

Once completed, please mail this document to:

Attn: Gerry Pantoja, Vice President of Development
SEE International 6500 Hollister, Suite 120 Goleta, CA 93117

A scan may also be sent to **gpantoja@seeintl.org**. You can also reach Gerry at **805.586.0755**. Thank you for your commitment to SEE International and helping us provide high-quality eyecare so it is accessible to all who need it, resulting in the end of preventable blindness.