



## **Declaration of Intent**

I have included the King County Sexual Assault Resource Center as:

Beneficiary in my will or trust agree	ement	
Beneficiary of a life insurance policy	у	
Beneficiary of my IRA/401(k) or oth	ner retirement funds	
Beneficiary of other financial instrur	ment:	
Recognition preferences:		
KCSARC may list my commitment name as follows:	to inspire others to join the Legacy Circle. Please list	my
I prefer that this commitment remain	in anonymous	
	approximate amount of your gift so we can plan for KCSA s are fulfilled. This information is optional and does not cor upporting documentation, if available.	
Estimated value of Legacy Circle gift: \$		
Name:	Date:	
Address:		
City:	State:ZIP:	
Email:	Phone:	
Signature:		

Please return to: KCSARC, Attn: Stacie Masterson, Giving Manager PO Box 300, Renton, WA 98057 or <a href="mailto:smasterson@kcsarc.org">smasterson@kcsarc.org</a>

Need a will? Create one for free at www.FreeWill.com. You may opt to leave a legacy gift to KCSARC by entering King County Sexual Assault Resource Center, EIN# 91-0967255, PO Box 300, Renton, WA 98057 where prompted.

KCSARC does not provide guidance regarding tax and estate planning. We encourage you to speak with your financial advisor to best determine which Legacy Circle giving options are right for you.