



Declaration of Intent

i nave included the King County Sexual Ass	sault Resource Center as:	
Beneficiary in my will or trust agreer	nent	
Beneficiary of a life insurance policy		
Beneficiary of my IRA/401(k) or other	er retirement funds	
Beneficiary of other financial instrum	nent:	
Recognition preferences:		
KCSARC may list my commitment t name as follows:		y Circle. Please list my
I prefer that this commitment remain	n anonymous	
Optional: It is helpful if you can estimate the a financial future and ensure that your intentions you to this estimated amount. Please attach su	are fulfilled. This information is option	onal and does not commi
Estimated value of Legacy Circle gift: \$		
Name:	Date:	
Address:		_
City:	State: ZIP:	
Email:	Phone:	_
Sianature:		

Please return to: KCSARC, Attn: Karen Sharp, Chief Operating Officer PO Box 300, Renton, WA 98057 or ksharp@kcsarc.org

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.