Bequest Intention Form CONFIDENTIAL



Thank you for your generous bequest commitment to the Coral Reef Alliance (CORAL). Your legacy gift will help us plan for the future as we work to save the world's coral reefs. This form helps us better understand the intentions for your gift. The information you provide is not legally binding.

Questions? Email Michael Allen, CORAL'S Major Gifts Officer, at mallen@coral.org.

Name(s	s):		
Date(s)	of Birth:		
Address	s:		
City:		State:	ZIP:
Phone:		Email:	
apply a	Your Gift - if you are willing and estimate value in today's Will: \$	\$USD.	mation about your gift, please check all that
	Revocable Living Trust: \$ _		
	Charitable Remainder Trust		
	Insurance Policy \$		
	Real Estate \$		
	Retirement Plan/IRA \$		
	Other Asset(s): \$		
_			ghest priorities of the Coral Reef Alliance. r if your gift is contingent, please specify here:
_	ould you like to be recogniz I/we would like to be listed range. Please list as:	as legacy donors, whi	ch may include listing my/our gift within a dollar
	I/we wish to remain anonyn	nous for this gift.	
(Option	nal) Please share the name	of your Financial Adv	isor/Will Executor:
Phone:	E	 mail:	
Signatu	ure(s):		Date:
. 5	. ,		Data:

Please return this form to the Coral Reef Alliance at 548 Market Street, Suite 29802 San Francisco, CA 94104-5401 or email to mnorman@coral.org