



Paws for Life Society Membership Form

To understand the wishes of your gift, please complete this confidential form.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

For recognition purposes, list my/our name(s) as follows:

I/We prefer that my/our gift intention remain anonymous.

I/We am/are confirming the following provisions to GPL:

Assets or Securities

Insurance Policy

Charitable Gift Annuity

IRA Rollover

Charitable Remainder Trust

Will or Trust

Charitable Lead Trust

Other (please specify)

IRA or Retirement Plan

Designation of Gift:

Unrestricted (for area of greatest need): _____

Restricted for the following purpose: _____

Signature: _____ Date: _____ Date of Birth: _____

Signature: _____ Date: _____ Date of Birth: _____

The estimated current value of our gift: _____

Financial advisor or institution: _____ Phone: _____

Please send this form (along with any relevant documents) to:

Goochland Pet Lovers | PO Box 27 | Oilville | VA 23129

P (804) 556-5683 | Director@GoochlandPetLovers.com | GoochlandPetLovers.com

Completion of this form is not legally binding, but a good faith of intent. Please note our legal name is
"Goochland Pet Lovers" 501 (c)(3) non-profit organization. EIN: 81-3232722