



**THE WOUNDED BLUE**  
NEVER FORGOTTEN. NEVER ALONE.

This confirmation of deferred gift form is a record of your intent, a donor- approved reference for future us.

**This is not a binding legal document.**  
Thank you for your gift to support The Wounded Blue

### Planned Gift Contribution

Please return to: The Wounded Blue  
3540 W. Sahara Ave. #451  
Oklahoma City, OK 73120

Taxpayer ID: 82-3066282

Donor Name(s) (printed): \_\_\_\_\_

Donor Address: \_\_\_\_\_  
\_\_\_\_\_

Donor Email: \_\_\_\_\_

Donor Phone Number: \_\_\_\_\_

#### Will Bequest

- Specific Amount: \_\_\_\_\_
- Specific Percentage \_\_\_\_\_ %
  - Residual bequest
  - Contingent bequest

#### Trust Bequest

- Specific Amount: \_\_\_\_\_
- Specific Percentage \_\_\_\_\_ %
  - Revocable
  - Irrevocable
  - Charitable Remainder
    - Unitrust
    - Annuity Trust

#### Other

- Specific Amount: \_\_\_\_\_
- Specific Percentage \_\_\_\_\_ %
  - Life Insurance Beneficiary
  - Gift Annuity
    - Charitable
    - Deferred
  - IRA, Pension, or other retirement Account
  - Charitable Legacy Fund
  - Stocks/securities
  - Other: \_\_\_\_\_

Good Faith Estimate of the Gift Value: \_\_\_\_\_

Name of Lawyer or Financial Advisor (optional) \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

#### Designation or Gift:

- My / Our gift may be used for The Wounded Blue's greatest needs.
- My / Our gift is designated for the following purpose(s): \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for supporting our mission through your generous contribution.*