



Thank you for providing Pollinator Partnership with information regarding a gift you wish to give through your estate plan. Your commitment to our mission ensures Pollinator Partnership’s financial stability far into the future.

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Donor Name(s)

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Birthdate(s)

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Address

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Phone

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Email

**Designate how your gift will be used by specifying your charitable interests:**

\_\_\_\_\_ **% General Endowment**  
Used where needed most to support Pollinator Partnership’s finance health far into the future.

\_\_\_\_\_ **% Pollinator Habitat**  
Will go directly to habitat and supporting a healthy and sustainable future for generations of both pollinators and people.

\_\_\_\_\_ **% Monarch Butterflies**  
Used to plant and conserve monarch habitat through various Pollinator Partnership projects.

\_\_\_\_\_ **% Honey Bee Health Improvement Project**  
Used to focus on ways to help honey bees and beekeepers.

\_\_\_\_\_ **% Native Bees**  
Used to plant and conserve native bee habitat through various Pollinator Partnership projects

Comments:

# Additional Information

The information contained in this form does not constitute a legal obligation and shall be held confidential. The purpose of this document is to honor and acknowledge the donor's wishes.

## Type of Bequest Gift

Please check all that apply with estimated value of each gift in dollars and/or percentage.

- |   |                     |   |                     |
|---|---------------------|---|---------------------|
| <input type="checkbox"/> Will             | \$ _____ or _____ % | <input type="checkbox"/> Retirement Plan/IRA        | \$ _____ or _____ % |
| <input type="checkbox"/> Insurance Policy | \$ _____ or _____ % | <input type="checkbox"/> Revocable Living Trust     | \$ _____ or _____ % |
| <input type="checkbox"/> Real Estate      | \$ _____ or _____ % | <input type="checkbox"/> Charitable Remainder Trust | \$ _____ or _____ % |
| <input type="checkbox"/> Other Asset      | \$ _____ or _____ % | Describe: _____                                     |                     |

Additional Information:

Is your bequest contingent?  No  Yes *If yes, please explain:* \_\_\_\_\_

## Advisor Contact Information

Professional Advisor Name and Title

Address, Email, Phone

Trustee

Address, Email, Phone

**Please recognize my Keystone Society bequest intention in the following way:**

I/We DO NOT wish to be recognized as a Keystone Society member.

I/We wish to be recognized as a Keystone Society member.

List name(s) as: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Questions? Please contact Dawn Boeck at 415.362.1137 or [dboeck@pollinator.org](mailto:dboeck@pollinator.org)