



enso legacy

NEW YORK ZEN CENTER FOR CONTEMPLATIVE CARE CHARITABLE BEQUEST INTENT FORM

Please use this form to share the details of your bequest intentions for NYZC. This form is for communication purposes only. Your estate is not legally bound by submitting this statement, but remains revocable and can be modified at any time. The following information will be held in strictest confidence:

Names(s) _____

Date(s) of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

As evidence of our desire to provide a legacy of support for NYZC, I/we wish to inform NYZC that it has been named in my/our estate plans.

As of this date, the approximate value of my/our gift is \$ _____
(If your gift is a percentage of your estate, please indicate the approximate present value of that percentage, if you will.)

I/we designate this gift to be used for:

Unrestricted Support (to be determined by the NYZC Board of Directors)

Restricted Support, for the following purposes: _____

We welcome the opportunity to recognize your generosity in select NYZC publications, if you are amenable, as a way to express our gratitude and to encourage other donors to contribute in this way.

Yes, you may publicize my/our name(s).

No, I/We prefer my/our intentions to remain anonymous.

Donor(s) Signature(s)

Date