



Planned Gift Notification Form

Thank you for including Salina Emergency Aid Food Bank, Inc. in your estate plans. When your plans are complete, please return this form to:

Karen Couch
Salina Emergency Aid Food Bank, Inc.
PO Box 1482
Salina, KS 67402-1482

We will hold this information completely confidential. If you have any questions, please contact Karen Couch at (785) 827-7111 or kcouch@salinafood.org.

Name: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth (optional): _____

Bequest amount or percentage: _____

Plan Type (will, trust, beneficiary designation, etc.): _____
You may enclose a copy if you wish.

We like to acknowledge our Legacy Giving members by including their names in publications such as our annual report. Please let us know if you would like to be listed.

Yes, I/we would like to be listed. My/our name(s) should appear as:

No, I/we do not wish to be listed.

Please use this space to provide any additional information:
