



I/We are pleased to inform you of a planned gift to benefit Ronald McDonald House Charities of Arkansas & North Louisiana (RMHC AR & NLA). I understand that this commitment is revocable and can be modified at any time. I also understand that RMHC AR & NLA is not providing legal or tax advice to me concerning this, or any other planned gift. (Please print)

\_\_\_\_\_  
Name(s) Birthday(s)

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Cell/Home Phone Email

Please check all that apply. Although not necessary for membership, sharing the approximate value of your planned gift will help RMHC AR & NLA as we look to the future of helping families. If you have named RMHC AR & NLA as a percentage beneficiary, please indicate the dollar value of RMHC AR & NLA's percentage.

- | <b>Type of Gift:</b>   | <b>Value or Percentage<br/>(optional)</b> |
|--|---|
| <input type="checkbox"/> <b>Gift by Will</b>   | \$ _____                                  |
| <input type="checkbox"/> Outright bequest <input type="checkbox"/> Residual bequest (____% of my/our estate) |   |
| <input type="checkbox"/> <b>Gift of Real Estate</b>  | \$ _____                                  |
| Please describe: _____   |   |
| <input type="checkbox"/> <b>Designation of Retirement Plan / IRA Assets</b>                                  | \$ _____                                  |
| <input type="checkbox"/> <b>Designation of Life Insurance Policy</b>   | \$ _____                                  |
| <input type="checkbox"/> <b>Charitable Remainder Trust</b>   | \$ _____                                  |
| <input type="checkbox"/> <b>Revocable Living Trust</b>   | \$ _____                                  |
| <input type="checkbox"/> <b>Other Asset(s)</b>   | \$ _____                                  |
| Please describe: _____   |   |

**Special gift instructions** (optional): \_\_\_\_\_  
(continue on back if necessary)

- I/We are happy to be recognized for our legacy gift as members of the *Legacy of Hope*.  
 I/We would like our legacy gift to remain anonymous.

**Signature/Date** \_\_\_\_\_

**Please return form to:** Leanna Wall, Strategic Partnerships Director  
 Ronald McDonald House Charities of Arkansas & North Louisiana  
 1501 West 10<sup>th</sup> Street, Little Rock, AR 72202  
 or by email to: [leanna@rmhcar-nla.org](mailto:leanna@rmhcar-nla.org)  
 Questions? 501-978-3119