



**Planned Giving Form**

*Personal and Confidential*

*ChildFirst Services, Inc. recognizes those who have decided to make a lasting impact through long-term giving plans. Charitable donors who include ChildFirst Services, Inc. in their planned giving help secure resources for disadvantaged and underserved populations so that they may continue to reach their potential.*

In support of ChildFirst Services Inc., I/we intend to provide a major lifetime gift through a bequest provision in my/our will, a charitable gift annuity, or other deferred gift:

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Please indicate your planned gift below:**

- Bequest       Life Insurance Policy       Charitable Gift Annuity
- Retirement Plan Beneficiary       Charitable Remainder Trust       Stock Gift
- Other: \_\_\_\_\_

**This Gift will be:**

- Specific Amount: \$ \_\_\_\_\_       A gift of a specific asset \_\_\_\_\_
- A percentage of the residuary of my estate, trust, or retirement plan \_\_\_\_\_ %

Please provide any additional details about your estate provision or other planned gift:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Purpose of Gift:**

- Unrestricted gift to be used as seen fit by HWA to use for greatest need
- Restricted gift for specific purpose: \_\_\_\_\_

**Documentation:**

I/we included a copy of the provision: a copy of the portion of the will that applies to ChildFirst Services, Inc. or the trust agreement or Change of Beneficiary Form (401k, 403b, IRA's, Insurance) in which ChildFirst Services, Inc. is named or any other provision necessary to document planned giving

I/we will send a copy of the provision once executed  
(NOTE: a planned gift is not considered fully documented until a copy of the provision is received)

**Would you like to be recognized for your contribution?**

I/we prefer to remain anonymous.

I authorize ChildFirst Services, Inc. and its designated affiliates to use, disclose, and publish the name(s) as listed above for the purposes of awareness, development, and promoting the mission of ChildFirst Services, Inc.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

PLEASE RETURN TO: Sarah Evans, Corporate Advancement Assistant  
HumanWorks Affiliates, Inc., 7310 Tilghman St., Suite 300, Allentown PA 18106  
Phone: 484-929-2789 Email: [sevens@hwa-team.com](mailto:sevens@hwa-team.com)

***ChildFirst Services, Inc. is a tax-exempt nonprofit organization recognized by section 501(c)(3) of the Internal Revenue Code. All gifts are tax deductible as provided by law. Tax ID #23-2755562***