

Our vision is that all children have the opportunity to achieve their full potential.

Planned Giving Intention Form

(Completion of this form is a notification of intent only and is not intended to be legally binding. Please discuss all matters related to planned giving with your financial and legal advisors.)

I/we have included Operation Breakthrough in my/our estate plans to help ensure the successful future of OB’s mission and families.

Name: _____ email: _____

Name: _____ email: _____

Address: _____ Phone: _____

Type of Planned Gift:	Approximate value of planned gift today, realizing circumstances may change:
<input type="checkbox"/> Bequest in will	_____
<input type="checkbox"/> Retirement plan beneficiary	_____
<input type="checkbox"/> Life insurance beneficiary	_____
Other: _____	

Purpose of the Planned Gift:

Unrestricted, to be used wherever need is greatest, as determined by Operation Breakthrough’s leadership.

Restricted to a specific purpose: _____

Please provide any other information you wish to share: _____

(All information is kept confidential and used for internal planning purposes only.)

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form to: Operation Breakthrough, Attn: Jennifer Heinemann, PO BOX 412482, Kansas City MO 64141 **Thank you!**

Questions? Contact us at 816-365-5059 or jenniferh@operationbreakthrough.org

I/we wish to offer additional help by being named a member(s) of The Sisters Berta and Corita Bright Futures Fellowship. Please list me/us, in print and online, as follows:

I/we wish to remain anonymous.