

Bequest Wishes - under \$50,000

Thank you for choosing Momentum Waikato to assist you with leaving a legacy for our Waikato region.

This document will be the record of your express wishes and intent as a donor to Momentum Waikato Community Foundation, to guide its trustees in the use of your bequest.

Authorisation for Name Disclosure

Momentum Waikato appreciates being able to publicly identify its donors in its marketing, to recognise generosity and encourage further support from the community. Momentum Waikato will only disclose its donors' names with their specific permission.

Yes, I/we agree to being publicly identified as a donor(s) to Momentum Waikato.

No, I/we wish to remain anonymous.

Donor Profile

Full name/s	
Organisation	
Address	
Mobile	
Alternative phone #	
Email	

Below, please indicate the fund schemes to which you wish to donate. Write the percentage or amount of your donation in the box/s.

I wish to donate to the **Today Fund**.

I/we direct this donation to the following charities or projects (optional):

I wish to **Transfer a Trust**. I/we commit to seek independent legal advice and will inform Momentum Waikato of the outcome (please also complete our Trust Transfer Form).

I wish to donate to the **Waikato Future Fund**. I/we direct this donation to the following 'Vital Signs' pillars, which address the Waikato community's greatest needs and aspirations:

- | | | |
|---|---|---|
| <input type="checkbox"/> Children & Youth | <input type="checkbox"/> Culture & Arts | <input type="checkbox"/> Communities |
| <input type="checkbox"/> Economy | <input type="checkbox"/> Education | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Health | <input type="checkbox"/> Recreation | <input type="checkbox"/> No Preference
<i>(Momentum Waikato will direct untagged funds to the greatest area of need.)</i> |

I wish to donate to a **Purpose-specific Fund** (e.g. Women's Fund, town funds), namely:

Signed by Donor/s

Full name (please print) _____

Signature _____ Date _____

Full name (please print) _____

Signature _____ Date _____

Signed by Momentum Waikato

Full name (please print) _____

Signature _____ Date _____

Please return this form to:

Momentum Waikato Community Foundation
P O Box 9283, Hamilton 3240
Tel 07 834 0404. Email info@momentumwaikato.nz

Momentum Waikato is registered with the NZ Charities Commission #CC49535