

CHARITABLE BEQUEST INTENT

Please use this form to share the details of your bequest intentions with The Milo Foundation. This form is for informational purposes only. This information will be held in the strictest confidence.

Name:	Date of Birth:		
Name:	Date of Birth:		
Street Address:			
City:	State:	Zip:	
Bequest Specifics:			
As evidence of my / our desire to provide The Milo Foundation that you have been	* *	a, I / we wish to inform	
As of this date, the approximate value of r please indicate that here including the app	my / our gift is \$ oroximate present value of the per	If your gift is a percentage centage: % \$	of your estate,
I / we designate this gift to be used for:			
General Purposes *			
General Purposes, and the support and ca Said animals are listed in a separate docur and vet hospitals who have cared for them	nent with health histories and (ap	proximate) dates of birth, th	heir veterinarian(s
I have listed three contacts familiar with n	ny pets, for assistance should this	be deemed necessary.	
Other * (please specify:)	
* If support and care of a companion animal is approximate date of birth, health history, nat description, training provided, habits, likes a information for three individuals who are fai	me(s) of veterinarian(s) and vet hospind dislikes. Additionally, The Milo F	tal(s) who have cared for the a coundation requests the names	nimal, character and contact