



## BEQUEST INTENTION NOTIFICATION FORM

Please let us know if you have included the **National Wrestling Hall of Fame (NWHOF)** in your estate plan. The purpose of this form is to describe your future gift based on your current intentions. Your information will remain confidential and does not bind your heirs or your estate. If your plans change, please let us know. Complete this form with as much information as you are willing to provide. We are most grateful for your gift and its future impact on our nonprofit organization.

Original Intention, dated: \_\_\_\_\_  Revised Intention, updated: \_\_\_\_\_

### My/Our Information (PRINT or TYPE):

Name (print): \_\_\_\_\_ Spouse name (if joint gift): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

My Signature: \_\_\_\_\_ Spouse's Sig. (if joint gift): \_\_\_\_\_

**Please allocate this gift according to the percentage(s) entered:** \_\_\_\_\_% Endowment Fund  
\_\_\_\_\_% Operating Budget \_\_\_\_\_% Highest Priorities \_\_\_\_\_% Other: \_\_\_\_\_

### Recognition: (the intended gift amount will not be published)

Include me/us in listings of planned gift donors, listed as: \_\_\_\_\_

Do not include me/us in listings.

### Specifics:

The anticipated value of my/our gift will be approximately \$ \_\_\_\_\_ or \_\_\_\_\_% of my/our estate.

The assets transferred to the NWHOF at my/our passing will be made through one or more of the following:

Will  Trust  Retirement Plan/IRA  Life Insurance Policy  Other \_\_\_\_\_

A copy of the relevant section of my will, trust, or beneficiary designation is attached. (e.g., page of will/trust mentioning the National Wrestling Hall of Fame, or a beneficiary form from life insurance or retirement plan).

### Contact information for my/our estate plan or policy administrators:

Name (print): \_\_\_\_\_ Title/Role: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Return form to:

National Wrestling Hall of Fame  
Attn: Executive Director  
405 West Hall of Fame Avenue  
Stillwater, OK 74075

Tax ID: 23-7233488  
Phone: 405-377-5243  
Fax: 405-377-5244  
Email: [executivedirector@nwhof.org](mailto:executivedirector@nwhof.org)