



Statement of Testamentary Provision

Name as you would have it published:

As a Best Friends Society member, your name(s) will be listed in our annual report.

_____ 1. Please publish in donor recognition publications, with the hope that we may inspire others to give.

_____ 2. **Do not** publish. I/We choose to be **anonymous** Best Friends Society members.

For good recordkeeping and help with future budget processes, please indicate the type of support you have made in your estate plans for the SPCA of Martinsville & Henry County.

DESCRIPTION:

General description of type of provision: (will, revocable trust, retirement account, other (please describe) :

Definition of provision (percentage of total estate, specific dollar amount, etc...):

I/We understand that the following is for planning purposes only and that values are subject to change.

I/We anticipate our future gift to the SPCA of Martinsville & Henry County to be valued at approximately:

\$ _____

PURPOSE:

_____ The gift is unrestricted and may be used where the need is greatest at the time.

_____ The gift is to be used for the following purpose:

CONTINUING CARE:

As a benefit of membership in the Best Friends Society, please indicate your interest in our Continuing Care Program. Enrolled healthy adoptable pets are guaranteed a home with a member of the Best Friends Society passes away.

YES NO

Signatures:

_____ Date: _____ Birth

Date: _____

_____ Date: _____ Birth Date:

Phone Number: _____ e-mail:

THANK YOU!

Please return this form to:

SPCA of Martinsville & Henry County, 132 Joseph Martin Highway, Martinsville, VA 24112