

**SATCHIDANANDA ASHRAM-YOGAVILLE
CONFIDENTIAL PLANNED GIFT NOTIFICATION FORM**

NAME: _____

DATE OF BIRTH: _____

SPOUSE'S NAME (if applicable): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____ **EMAIL:** _____

MY/OUR WILL, AND/OR OTHER ESTATE PLANNING
DOCUMENTS, WHICH INCLUDE A PROVISION FOR
SATCHIDANANDA ASHRAM-YOGAVILLE WERE EXECUTED ON:

MONTH/DAY/YEAR: _____

TYPE OF PLANNED GIFT:

BEQUEST UNDER WILL

IRA

LIFE INSURANCE

CHARITABLE INTEREST IN TRUST

CHARITABLE GIFT ANNUITY

REAL ESTATE

OTHER (SPECIFY) _____

MY PLANNED GIFT IS STATED AS:

1. __ A SPECIFIC AMOUNT __ IRA
2. __ A PERCENTAGE OF ESTATE (____%)
3. __ REMAINDER OF ESTATE

THE PURPOSE/DESIGNATION OF MY GIFT: _____

ATTORNEY/ADVISOR NAME _____

WORK PHONE: _____

FIRM'S NAME: _____

ADDRESS: _____

____ I/WE PREFER THIS GIFT TO REMAIN ANONYMOUS.

SIGNATURE: _____ **DATE:** _____

SPOUSE SIGNATURE (if applicable): _____

DATE: _____

**PLEASE RETURN THIS FORM TO YOGAVILLE PLANNED GIVING,
Satchidananda Ashram–Yogaville, 108 Yogaville Way, Buckingham,
VA 23921**

