

PLANNED GIFT DECLARATION FORM CONFIDENTIAL

Friends of the Waikīkī Aquarium is grateful to you for making a planned gift to support the Waikiki Aquarium's mission for ocean education and conservation. To help ensure your wishes are carried out and to assist us with our long term planning, we appreciate having the following information about your gift. This information will be kept in strictest confidence.

DONOR INFORMATION (PLEASE PRINT)						
DONOR NAME		DONOR NAME (2)				
DONOR SIGNATURE		DONOR SIGNATURE (2)				
ADDRESS						
CITY	STATE		ZIP			
TELEPHONE	EMAIL					
NAME OF ATTORNEY/EXECUTIVE/ADMINISTRATOR						
I have made a provision in my estate plan to su	ipport the v	vork of the V	Waikīkī Aqua	rium.		
The type of gift I have provided is:						
A BEQUEST IN MY WILL	A RETIREMENT PLAN BENEFICIARY					
A LIVING REVOCABLE TRUST	. A LIFE INSURANCE BENEFICIARY DESIGNATION					
———— A CHARITABLE REMAINDER TRUST	- OTHER					
APPROXIMATE VALUE	-					

This form does not create a binding legal obligation and the donor may revoke the described gift at any time. This form and the information contained in it are confidential and will not be shared outside the Friends of the Waikīkī Aquarium.

For further information or assistance, please contact Membership at:

PHONE (808) 440-9057

EMAIL membership@waquarium.org

Friends of the Waikīkī Aquarium (FOWA) is a 501c3 charitable organization • Federal Tax ID# 99-0322295