



## Legacy of Freedom Notification Form

*All information provided below will be treated strictly confidentially, will be used for Rocky Mountain Raptor Program's internal purposes only, and is not considered to be a legal or financial obligation.*

### SECTION 1 - An indication of my/our support:

- ☐ I/we are considering including the Rocky Mountain Raptor Program in our estate plans  
☐ I/we have made provision for the Rocky Mountain Raptor Program in our estate plans, as described here: \_\_\_\_\_

### SECTION 2 - My/Our Information:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name/s \_\_\_\_\_  
Address \_\_\_\_\_  
CSZ \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

### SECTION 3 - Legacy of Freedom Society Membership

The RMRP acknowledges those who make provisions to its programs through a will or estate plan as members of the Legacy of Freedom Society. Please indicate your preference:

- ☐ My/our name/s may be published as a member/s of the Legacy of Freedom Society  
☐ I/we prefer to remain anonymous, please don't publish my/our name/s

I/we conservatively estimate the current value of my/our provision to be approximately \$ \_\_\_\_\_.  
*Rocky Mountain Raptor Program recognizes that values are subject to change and dependent upon unforeseen circumstances. This information will be used only to help the RMRP project possible future financial support and is not considered a legally binding obligation.*

### SECTION 4 - Professional Assistance

- ☐ I/we would like to schedule an appointment with Jim Parke, RMRP's estate attorney  
☐ I/we have worked/are working with the following Advisor to establish this gift:

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Thank you for your support and belief in our work!*

