



new horizons
Serving Individuals with Special Needs

YES! I WANT TO SUPPORT NEW HORIZONS BY MAKING A PLANNED GIFT.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

For recognition please list my name as: _____

I wish to remain anonymous.

The source of my gift is: (please check all that apply)

- Will
- Retirement Fund
- Securities
- Personal Property
- Real Estate
- Donor Advised Fund (name of institution : _____)
- Life Insurance Policy
- Annuity Contract
- Trust/Unitrust
- Cash
- Pooled Income Fund

My gift is: revocable irrevocable

Donor Signature: _____

New Horizons Representative Signature: _____

Date: _____

For further details, contact, Joanne Peterson, Director of Major Gifts & Planned Giving, 818.221.0634
or jpeterson@newhorizons-sfv.org

New Horizons 15725 Parthenia Street, North Hills, Ca 91343
Phone 818-894-9301 Fax 818-891-3267
www.newhorizons-sfv.org/plannedgifts

This side to be completed by donor's legal counsel.

COMPLETE LEGAL NAME OF DONOR(S):

NAME & ADDRESS OF LEGAL COUNSEL

I would like to be referred to a qualified attorney whose name and contact information are supplied to me
by New Horizons:

Contact phone: _____

Contact email: _____

Website: _____

Assigned attorney for donor in the case of a firm: _____

**GIFT DETAILS: (please have your legal counsel describe the details of your planned gift and attach any
necessary documentation.)**

OFFICE USE ONLY:
