

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

Name:					
Address:					
City:		State:	Zip:		
Phone:	Email:		-		
	ist my name as:				
□ I wish to remain anon	ymous.				
The source of my gift is:	(please check all that app	oly)			
	□ Will	☐ Life Insura	nce Policy		
	□ Retirement Fund		<u> </u>		
	□ Securities	-			
	□ Personal Property	□ Cash			
	□ Real Estate	□ Pooled Inc	ome Fund		
	□ Donor Advised Fund (name of institution :				
My gift is:	□ revocable	□ irrevocable	2		
Donor Signature	:				
New Horizons Re	epresentative Signature:				
Date:					
For further detai	ls, contact Holly Rasey, Se	nior Director,	Development		
and Communica	tions, at 818.221.0649 or h	nrasev@newh	orizons-sfy.org		

New Horizons 15725 Parthenia Street, North Hills, Ca 91343
Phone 818-894-9301 Fax 818-891-3267
www.newhorizons-sfv.org/plannedgifts
Federal Tax ID: 95-1862084

This side to be completed by donor's legal counsel. **COMPLETE LEGAL NAME OF DONOR(S): NAME & ADDRESS OF LEGAL COUNSEL** GIFT DETAILS: (please have your legal counsel describe the details of your planned gift and attach any necessary documentation.)

OFFICE USE ONLY:			