



**NORA'S HOME**  
for transplant patients and  
their families

**SOWING THE SEEDS LEGACY SOCIETY**  
**Planned Giving Declaration of Intent**

Thank you for your intention to include Nora's Gift Foundation (dba Nora's Home) in your estate plans. Please complete this form with as much information as you are willing to share so we may accurately document your intention. Information about your gift will remain confidential. If your gift intention is changed or cancelled, please notify us.

Planned gifts should name the 501(c)3 nonprofit organization as follows:  
Nora's Gift Foundation, Tax ID: 62-1763895.

**CONTACT INFORMATION:**

**Title**     Dr.     Mr.     Mrs.     Ms.     Other \_\_\_\_\_

**Name** \_\_\_\_\_  
*(as you would like it to appear in recognition)*

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Preferred phone(s)** \_\_\_\_\_

**Preferred email(s)** \_\_\_\_\_

**GIFT DETAILS:**

- Bequest in Will or Living Trust**
- Beneficiary of Retirement Account**
- Beneficiary of Life Insurance Policy**
- Ownership of Life Insurance Policy**
- Other** *(please describe)* \_\_\_\_\_

**The estimated amount of this gift is \$** \_\_\_\_\_.

**This gift is for the benefit of Nora's Gift Foundation (dba Nora's Home). Designated purpose of gift:**

- Endowment**
- I wish for this gift to benefit Nora's home where it is most needed.**
- I would like for this gift to be used for:** \_\_\_\_\_

You have my permission to list me as a member of the Sowing the Seeds Legacy Society.

I wish to remain anonymous and not be listed in the Sowing the Seeds Legacy Society.

**ADDITIONAL INFORMATION:**

Please list contact information for any individuals or organizations related to this gift (e.g., Family Members, Executors, Trustees, Retirement or Insurance Administrators.) Please list name, address, phone, and email where possible.

**Contact Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Preferred phone(s)** \_\_\_\_\_

**Preferred email(s)** \_\_\_\_\_

If possible, please include documentation pertaining to your gift (e.g. copies of will or trust, beneficiary designation form.)

\_\_\_\_\_  
**Donor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Donor Signature**

\_\_\_\_\_  
**Date**

**Please return to:**

Nora's Gift Foundation, Attn: Development Director | 8300 El Rio Street, Houston, TX 77054  
Fax: 832-804-9954 | Email: [giving@norashome.org](mailto:giving@norashome.org)

Questions: Call: Laurel Keller at 832-962-8065