

## **Intention Form**

	el Stowe Botanical Gardet tent to contribute to the		Program, I (we) am (are) pleased to
□ Will			☐ Charitable Remainder Trust
□ WIII	☐ Life Insurance Policy		
capital, and progran	n projects, as well as an l	Endowment Fund.	areas such as ongoing operating needs,
☐ My/Our gift is inte Garden CEO and I		d can be used as dete	rmined best by the Daniel Stowe Botanical
□ I/We would like to	designate this gift to		
		-	nent Office to ensure we can honor your wishes. Oute to the Garden through the methods identified above
The amount/percer	ntage of this provision is	\$ or	will be revealed at a later date.
The Garden □ <b>may</b> □	may not publish my nam	ne as a member of the	e Steele Legacy Society.
Please note, the amount o	f your gift is not published and	remains confidential.	
List your name(s) as	s you would like it (them)	) in print:	
Donor Signature		AF	Date
Donor Signature			Date
Name			
Address			
City	State	Zip	
Phone	Email		



Phone \_\_\_\_

Please return this form to:

Daniel Stowe Botanical Garden Attn: Michelle C. Davis, Director of Development 6500 South New Hope Road Belmont, NC 28012