I/We want to help give homeless pets another chance and support UPAWS public service mission through a planned gift as described below:

<u>-</u>	ncluded a bequest for UPAWS in my/ ncluded UPAWS as a beneficiary of a	•			
·	☐ Will ☐ Life Insurance Policy	☐ Bank, Inves	Bank, Investment, or other Financial Account Other		
Estimated Value estate.	e to Upper Peninsula Animal Welfard	e Shelter \$	or %	of my/our	
Other _					
Gift is to be used	d by UPAWS  ☐ In such a manner as its mission may determine				
My/Our Name(s	)				
Address					
City	St	ate Zip _			
Phone	Email				
Signature(s)					
Date of Birth		(Person		)	
Date of Birth		(Person		)	
	, you may include me/us in listing please do not include me/us in	•	onors		

## Please return form to:

Upper Peninsula Animal Welfare Shelter
PO Box 968
Marquette, MI 49855
OR fax: 906.475.6669

This information will be held in the strictest confidence and will be utilized only for estimating the value of future gifts to be used to support the Upper Peninsula Animal Welfare's mission. This Declaration of Support is not legally binding and UPAWS understand that the future gift may be changed without notice.