



## Confidential Declaration of Intent

This declaration of Intent is revocable and nonbinding

Please complete and email to [leahm@goodwillnmi.org](mailto:leahm@goodwillnmi.org), or mail to:

GW Homeless Services, Goodwill Inn

2279 S Airport Rd W

Traverse City, MI 49684

**1. I have included GW Homeless Services, Goodwill Inn**

In my will

Insurance Policy

Charitable Remainder Trust

IRA

Retirement Plan

**2. Please enclose a copy of the portion of the above document naming GW Homeless Services, Goodwill Inn as a beneficiary enclosed**

Yes a copy is enclosed with this form

**3. Would you like your name to be included in our Annual Report, online and in the Goodwill Newsletter**

Yes, please include me in the Annual Report, online and in the Goodwill Inn Newsletter

No, I prefer to remain anonymous

**4. I am considering providing for GW Homeless Services, Goodwill Inn through my estate.**

Please contact me to discuss my plans

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

For addition information please contact  
Leah McCallum 231-995-7719, [leahm@goodwillnmi.org](mailto:leahm@goodwillnmi.org)  
Corporate Office: GW Homeless Services, Goodwill Inn  
2279 S Airport Rd W, Traverse City, MI 49684  
231-922-4805 FAX 231-922-2053