



TRAVIS MILLS
FOUNDATION

[Confirmation of Deferred Gift](#)

Please return to: Travis Mills Foundation 647
Castle Island Road, Mt. Vernon ME 04352

Taxpayer I.D. #46-4239670

Date: _____

Donor Name (printed) _____

Donor Signature _____

Birth Date of Donor _____

Donor Name (printed) _____

Donor Signature _____

Birth Date of Donor _____

Type of Gift

Will Bequest (please circle type) *Specific Amount* *Specific Percentage* *Residual* *Contingent*

Life Insurance

Life Insurance Beneficiary

Revocable Trust

Charitable Gift Annuity

Charitable Remainder Unitrust

Deferred Gift Annuity

Charitable Remainder Annuity Trust

Charitable Legacy Fund (donor advised)

Retirement Account Designation

Other (please describe) _____

Good Faith Estimate of the Gift Value \$ _____