



GRIP's Planned Giving Program - INTENTION FORM

Leave a Legacy of Healing, Justice and Transformation

Thank you for considering a planned gift to GRIP Training Institute. Your commitment ensures that our mission to transform lives through healing and accountability will endure for generations to come. This non-binding form simply lets us know about your plans, so we may honor your intentions and welcome you into the GRIP Legacy Circle.

Donor Information

Full Name(s): _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Legacy Gift Details

I/We have included GRIP Training Institute in my/our estate plans through the following:

- ☐ Will or Living Trust
- ☐ Retirement Plan Beneficiary (IRA, 401(k), etc.)
- ☐ Life Insurance Policy
- ☐ Charitable Remainder Trust
- ☐ Charitable Lead Trust
- ☐ Donor Advised Fund (DAF)
- ☐ Other (please specify): _____

Optional: Estimated value of your gift (for internal planning only):

\$ _____

- ☐ This gift is a percentage of my estate.
- ☐ This gift is a specific dollar amount.
- ☐ This gift is the remainder of my estate.

Recognition Preferences

- ☐ You may recognize me/us publicly as a member of the GRIP Legacy Circle.
- ☐ I/We prefer to remain anonymous.

Signature(s)

Signature: _____ Date: _____

Partner/Spouse Signature (if applicable): _____ Date: _____

Thank you. *Your legacy will support healing, justice and transformation—inside prison and far beyond.*

Please return this form to: Allen Johnson, Senior Advisor, Growth & Partnerships

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