



Humane Animal Partners Friends for Life Society Enrollment Form

Thank you for including Humane Animal Partners (HAP) in your estate plans. By joining HAP's Friends for Life Society, you're creating a legacy of love and care for animals in need. Please complete this form to inform us of your intentions and help us honor your generosity.

Personal Information

Full Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Gift Information

I have included Humane Animal Partners in my estate plans as:
(Please check all that apply)

- A beneficiary in my **will or trust**
- A beneficiary of my **retirement account**
- A beneficiary of my **life insurance policy**
- Other: _____

Estimated Gift Value (optional): _____

Perpetual Care Pet Program

I wish to enroll* in the Perpetual Care Pet Program to ensure my pets will be cared for by HAP in the event of my passing or incapacitation.

**Please complete a pet profile form for every pet you plan to enroll in the program.*

I understand that I must designate someone to notify HAP upon my passing or incapacitation to activate this program.

Recognition Preferences

I authorize HAP to publicly recognize my gift and membership in the Friends for Life Society.

- How would you like your name(s) to appear?

I prefer to remain anonymous.

Next Steps

Please send me additional information about HAP’s programs and impact.

I would like to schedule a conversation with a member of HAP’s Philanthropy Team.

Signature

By signing below, I confirm that I have included Humane Animal Partners in my estate plans and, if applicable, wish to enroll in the Perpetual Care Pet Program.

Signature: _____

Date: _____

Please return this form to:

Humane Animal Partners

Attn: Philanthropy Team

701 A Street, Wilmington, DE 19801

giving@hapde.org | 302-571-0111