



**CANANA**

CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS

## Planned Giving Program Supporting CANA's Members and the Patients They Serve

### The CANA Planned Giving Program

The CANA Planned Giving Program enables CRNAs and their friends and family members to plan both living and estate gifts to help CANA achieve its goals.

#### CANA's Vision

"CRNAs - The Solution for a Healthier California"

Your gift supports CANA's vision by funding current and future association activities.

#### CANA

575 Market St. Suite 400 • San Francisco, CA 94105  
415-610-8499 TEL • 415-764-4915 FAX

CANA is a non-profit 501(c)(6) corporation licensed to do business in the state of California.

## Your Gift Makes a Difference!

Just as one vote makes a difference, so does one gift. Whether sustaining CANA's committees (e.g. Practice, State and Federal Government Relations, Public Relations, Leadership Development), or the Board of Directors, your gift supports CANA's continued leadership in California on behalf of its members and the patients they serve.

#### ARTICLE 5: PAYMENT OF TAXES AND EXPENSES

All expenses of administering my estate and all inheritance, estate and similar taxes by reason of my death, including taxes with respect to property not passing under this will, shall be paid, without right of contribution from any person, by my personal representative out of my residuary.

#### ARTICLE 6: ADMINISTRATION OF MY ESTATE

SECTION 6.01: No Supervised Administration. If an executor is named in this will, I authorize that executor to administer my estate for supervised administration.

SECTION 6.02: Administrative Powers. I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.03: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.04: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.05: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.06: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.07: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.08: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.09: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

SECTION 6.10: I authorize my executor to exercise all powers that I otherwise have by reason of my death, without prior approval of the court, if it is deemed advisable in the best interests of my estate and for the benefit of my beneficiaries.

*Legal Will and Testament*





CALIFORNIA ASSOCIATION OF NURSE ANESTHETISTS

## Funding Areas

### Unrestricted Gift

This gift provides general support to any of CANA's prioritized needs.

### Restricted Gift:

If desired, your gift may be allocated to a specific area of CANA's activities:

#### Committees:

- Archives
- Bylaws
- Education (formerly Programs)
- Exhibits
- Finance
- State and Federal Government Relations
- Public Relations
- Leadership Development
- Membership Engagement (formerly Information Technology)
- Peer Assistance and Wellness Practice

Board of Directors

Association Management

Board of Directors Meetings

Executive Director

### CANA Legal Fund

### Capital Equipment

Building Reserve: One day CANA needs to establish a permanent office in Sacramento.

### Giving Considerations

Tax Regulations are complex and constantly changing, but also provide a variety of options to maximize the benefit to both you and CANA for a gift in any amount. Please consult your tax advisor prior to making your gift to CANA.

### Non-Cash Gifts

You may be able to receive tax benefits for yourself or your estate by arranging gifts of appreciated stock or other property, tax-deferred assets such as IRAs, or life insurance policies. Tax benefits vary according to how a gift is specified; some are more appropriate for living gifts and others are more appropriate as estate gifts. A financial professional can help you choose the best type of gift for your goals.

### Charitable trusts

Establishing a charitable trust can allow you to continue receiving income from assets you designate as charitable gifts during your lifetime, or to specify your income for a specified period of time from assets designated as charitable gifts while still retaining ownership. Trusts provide various tax benefits based upon the type of trust selected and your specific financial situation.

### Charitable Gift Limitations

Different types of gifts (cash, appreciated property, etc.) are subject to limitations relative to your current income when making living gifts. Deductions for donations over this limit may be carried forward to future years subject to some limitations. Deductions for estate gifts are not limited as long as the total donation does not exceed the gross value of the estate.

## PLANNED GIVING FORM

### Donor Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

My employer matches charitable contributions.

### GIFT ALLOCATON

Please allocate my gift according to the following selections:

**LIVING GIFT**

Please accept my one-time gift of \$ \_\_\_\_\_.

I have arranged for a gift of \$ \_\_\_\_\_ to be sent to CANA every \_\_\_\_\_.

**ESTATE GIFT**

I have arranged for CANA to be a beneficiary of my estate.

**DONOR LISTING**

I would like my name to remain anonymous.