

Legacy Society

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

I/We have made provisions for a future gift to the Foundation through

Will/Bequest Life Insurance Policy Charitable Gift Annuity

Charitable Remainder Trust Other

The approximate value of the gift will be \$ _____

I/We wish to remain anonymous

I/We wish to be listed as part of the Legacy Society

I/We have a signed fund agreement at the Foundation I/We would like to meet about establishing a fund at the Foundation

Professional Advisors Name _____ Phone Number _____

Signature _____ Date _____

Signature _____ Date _____

This charitable contribution is for the benefit of:

AACF BLACF CMCF WACF Other