

Legacy Society

Name _____ Phone Number _____
Address _____
City _____ State _____ Zip Code _____ Email _____

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

Signature _____ Date _____

Signature _____ Date _____