

Legacy Society Commitment Form



I/We wish to be recognized with membership in the Mountain Child Advocacy Center Legacy Society to continue to support the hope, help, and healing of childhood trauma.

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

All information indicated below is considered confidential and is only used to track current and potential legacy and planned gifts to Mountain Child Advocacy Center.

I/We have provided for the future of the Mountain Child Advocacy Center in the following manner:

Bequest through will or trust Gift of life insurance Charitable gift annuity

Bequest of retirement plan assets Charitable remainder trust Charitable lead trust

Remainder interest in residence or farm Other: _____

Please find attached a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision.

The estimated current dollar value of my gift is \$ _____.

Note: A dollar value of your planned gift will be credited to you for cumulative gift recognition.

Please list my name (and/or my spouse's name) for the Mountain Child Advocacy Center Legacy Society in the following manner:

YES You have my/our permission to include my/our name(s) in published lists (publications, newsletters, and website) recognizing Planned Giving Society members.

NO

YES You have my/our permission to count the dollar value of my/our planned gift toward cumulative lifetime giving societies: _____.

NO

Signature

Date