



**Legacy Society Commitment Form
Giving USA Foundation**

I/We wish to be recognized with membership in the *Giving USA Legacy Society* to ensure the continued growth of philanthropy research.

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 the Giving USA Foundation.

I/We have provided for the future of the Giving USA in the following manner:

- | | |
|--|--|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Gift of life insurance |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Bequest of retirement plan assets |
| <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Remainder interest in residence or farm |
| <input type="checkbox"/> Charitable lead trust | <input type="checkbox"/> 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 *Giving USA Legacy Society* in the following manner:

Yes You have my/our permission to include my/our name(s) in published lists (publications, newsletters, donor recognition plaque, 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