

*because I said I would*  
*Legacy Society*

**because  
I said  
I would.**

NAME (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I/we wish to be listed as: \_\_\_\_\_

I/we wish to remain an anonymous member of the Legacy Society.

RELATIONSHIP WITH because I said I would:

Board Member     Donor     Staff     Volunteer     Other \_\_\_\_\_

**GIFT INFORMATION**

I/we have made a provision for because I said I would in my/our estate plan as follows:

Bequest     Charitable Gift Annuity     Charitable Remainder Trust

IRA/Retirement Plan Beneficiary  Life Insurance Beneficiary

Other (please describe) \_\_\_\_\_

Please indicate the approximate current market value of the planned gift(s):

\_\_\_\_\_ (NOTE: optional information and will not be published)

If your gift is for other than general purposes, please contact us to discuss any restrictions.

**OTHER CONTACT INFORMATION (optional)**

Name of Attorney or Financial Advisor \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Executor of Estate \_\_\_\_\_

Address \_\_\_\_\_

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

Other Family Members \_\_\_\_\_

Address \_\_\_\_\_

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

Signatures \_\_\_\_\_

Date \_\_\_\_\_

Please return form to:

*Because I said I would.*

PO Box 391

Avon, OH 44011

USA