

Child Crisis Arizona *Legacy Society*

Donor Information

Donor Name(s)

Birthdate(s)

Permanent Address Line 1

Permanent Address Line 2

City

State

Zip

Home Phone

Mobile Phone 1

Mobile Phone 2

Email Address 1

Email Address 2

Alternate Address

This address is: Seasonal Business

City

State

Zip

Personal Representative, Trustee or Future Contact

Name & Title

Relationship to Donor

Phone

Email Address

Address

City

State

Zip

Information about additional personal representatives, trustees, and fund contact(s) is attached.

Assets to be Contributed (Optional Information)

It is our/my intention to convey to Child Crisis Arizona Foundation the property as specified below:

Check all that apply	Estimated Value	Percentage to be Conveyed	Executed on (Date)	Document is Attached (X)
<input type="checkbox"/> Gift in Will or Trust	\$	%		
<input type="checkbox"/> IRA by Beneficiary Designation	\$	%		
<input type="checkbox"/> Charitable Gift Annuity	\$	%		
<input type="checkbox"/> Charitable Remainder Trust	\$	%		
<input type="checkbox"/> Life Insurance by Beneficiary Designation	\$	%		
<input type="checkbox"/> Bank/Mutual Fund Account by Pay on Death Designation	\$	%		
<input type="checkbox"/> Other	\$	%		

If you find it appropriate, we would welcome a copy of the legal document or section of document that accompanies this gift.

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Legacy Society Information

We honor our Legacy Society members in several ways, including invitations to our thank you events and other special opportunities. We will also recognize you occasionally, unless otherwise requested, in published materials.

I/We wish to be recognized as a Legacy Society member.

How would you like your name(s) listed? _____

I/We DO NOT wish to be recognized as a Legacy Society member.

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Should you have questions or would like additional information, please contact:

Sue Gifford, CFRE
 Director of Individual & Legacy Gifts
 616.446.0699
 sue.gifford@childcrisisaz.org



Child Crisis Arizona
Safe kids. Strong families.

EIN #86-0324144