

## LEGACY SOCIETY

### 1. YOUR RECOGNITION PREFERENCES

Please take a few moments to let us know how you wish to have your gift acknowledged.

Realizing that my example may encourage others to include the Alzheimer's Orange County in their estate plans, I hereby give permission for my name to be recognized as indicated below.

Name(s) as you would prefer it appear in all publications:

\_\_\_\_\_

I prefer to participate anonymously and request that you do not publish my name.

### 2. CONFIDENTIAL INFORMATION

**This section is entirely optional and always confidential.** However, this information is of great benefit to us in planning for the future. Your contact information is only used to send proper acknowledgement for your gift and to invite you to the Legacy Society Breakfast.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Birthdate(s) \_\_\_\_\_

We are also always grateful for a copy of the portion of the instrument that refers to your intended gift to the Alzheimer's Orange County. This documentation is important so that your gift is used as you intended in your estate plan, but is by no means required.

My estate plan is completed and provides for Alzheimer's Orange County as follows:

OR

I am planning my estate and would like additional information on how to provide for Alzheimer's Orange County using the following:

Bequest in Will

Beneficiary of Charitable Remainder or Lead Trust

Beneficiary of Living Trust

Qualified Retirement Plan (IRA, 401k, Keogh, etc.)

Beneficiary of a Life Insurance Policy

Payable on Death Account

Other Vehicle: \_\_\_\_\_

My gift is/will be:  Unrestricted  Restricted to: \_\_\_\_\_

My gift is/will be irrevocable:  Yes  No

\*Please note, if your gift is irrevocable, you will be able to enjoy recognition for your gift immediately.

Approximate value of my estate gift to the Alzheimer's Orange County \$ \_\_\_\_\_

My gift is in honor/memory of \_\_\_\_\_

I was motivated to make this gift to the Alzheimer's Orange County because:

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\*\* Please be sure to include our correct name, Alzheimer's Orange County, and Federal Tax ID Number, 95-3702013 \*\*

By signing the below, I confirm my membership to the Alzheimer's Orange County Legacy Society.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_