



Legacy Society

** Confidential Membership Acceptance Form **

I/We wish to be recognized with membership into the Legacy Society to ensure the continued growth of the World Affairs Council – Cincinnati & Northern Kentucky.

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NOTE: Legacy Society membership does not require disclosure of the information asked below. However, we ask for this information in order to document and steward your gift, as well as to offer counsel if appropriate. All information is considered confidential.

I/We have provided for the future of the World Affairs Council 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: _____ |
- ☐ Attached please find a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, or retirement 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.

My gift is to be used as follows: _____.

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

- _____
- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | You have my/our permission to include my/our name(s) in published lists (publications, newsletters, donor recognition plaque, and website) recognizing Legacy Society members. |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes | You have my/our permission to count the dollar value of my/our planned gift toward cumulative lifetime giving societies of the Council. I understand these societies offer additional recognition (plaques, publications, and special events). |
| <input type="checkbox"/> No | |

Signature

Date Signed

Date of Birth

E-mail Address

Signature

Date Signed

Date of Birth

E-mail Address