



*Legacy Society*

### Confidential Membership Form

Thank you for being a part of the **Legacy Society**, a community of supporters who have made the Women's Resource Center a beneficiary of their long-term plans. You can be proud of planning a gift that will allow us to impact the lives of women and girls together for years to come.

This form confirms that you have made a gift to the Women's Resource Center and provides some information about the specific nature of your gift at this time. Please note that this is not a legal document or a binding pledge. We understand that the details of your gift may be subject to change and appreciate you keeping us informed.

#### Your Recognition Preferences

Name:

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Date of Birth:

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Name:

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Date of Birth:

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Address:

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Phone:

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Email:

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- I/we would like to be recognized for my contribution in Women's Resource Center publications and any other public recognition displays. I/we understand that this authorization is limited to the use of my/our name(s) only, and that the type and amount of my/our gift will remain confidential.
- I/we prefer to remain an anonymous member of the Legacy Society.

**About My Gift**

*These questions are designed to help us ensure that your intentions for this gift are fulfilled. This information will also help us to better plan for the future. The level of detail you provide is optional. All information about your plans will be retained in Women’s Resource Center’s confidential donor files.*

I/We have made the following charitable gift plans to Women’s Resource Center in my/our (please check all that apply):

- Will or living trust (dated \_\_\_\_\_)
  - A specific bequest of \$ \_\_\_\_\_ or
  - A % bequest of \$ \_\_\_\_\_ or
  - Other (describe): \_\_\_\_\_
- Life insurance policy
  - Death Benefit \$ \_\_\_\_\_ Current Cash surrender value \$ \_\_\_\_\_
  - Women’s Resource Center is the (select one)
    - Primary Beneficiary
    - Secondary Beneficiary
- A Qualified Retirement Plan (IRS, 401K, 403b)
  - Interest % \_\_\_\_\_
  - Current market value \$ \_\_\_\_\_
  - Women’s Resource Center is the (select one)
    - Primary Beneficiary
    - Secondary Beneficiary
- Charitable Remainder Unitrust or Annuity Trust
  - Interest % \_\_\_\_\_
  - Current market value \$ \_\_\_\_\_
- Testamentary Charitable Lead Trust
  - Interest % \_\_\_\_\_
  - Expected Payout \$ \_\_\_\_\_
- Other \_\_\_\_\_

**Additional Contacts**

*Please note that we will not contact your financial advisor directly without your consent.*

Financial Advisor Name (optional):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

**Purpose of Gift**

Women’s Resource Center prioritizes gifts of unrestricted support, which offer the greatest flexibility in sustaining and innovating quality services. However, funds may be directed towards particular purposes identified as beneficial for the organization and mutually agreed upon further discussion.

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**Documentation**

- Yes, I/we will share a copy of the portion of the will, trust agreement, or Change of Beneficiary Form (401k, 403b, IRA’s etc.) that applies to the Women’s Resource Center.

**Your Signature(s):**

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Date:

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**Women’s Resource Center Review and Acceptance:**

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Date:

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