



AJWS LEGACY SOCIETY

ENROLLMENT AND PLANNED GIFT NOTIFICATION FORM

Name: _____ Spouse's Name: _____

Home Phone: _____ Cell/Additional Phone: _____

E-mail: _____ Spouse's E-mail: _____

Date of Birth: _____ Spouse's Date of Birth: _____

My legacy gift to AJWS is through my (please check all that apply):

- Will Living Trust
- Retirement Account Life Insurance Policy Charitable Trust

If other, please specify: _____

If you've indicated a retirement account and/or life insurance policy above, please provide the fund or company where the account is held.

I understand that I need not reveal the size of my gift in order to become a member of the AJWS Legacy Society. However, to help AJWS with its long-term planning, I wish to disclose the following which will be held in strictest confidence:

- My gift is stated as a specific dollar amount \$ _____
- My gift is stated as a percentage, which is estimated to be worth \$ _____

You may publish my/our names in appropriate AJWS publications (including web based) as a member of the AJWS Legacy Society. Please list my/our names as: _____

I/we wish to remain anonymous.

Sharing the provisions of your will, trust or beneficiary designation form would be helpful but is not required.

This form is not a legally binding document and does not constitute a legal promise of any future donations to AJWS. We understand that bequests are revocable and that your estate plans may change. If any changes are made to this provision, please notify AJWS.

Signature _____ Date _____

Signature _____ Date _____

QUESTIONS: Please contact Elizabeth Briand at 212.792.2813 or ebriand@ajws.org

PLEASE RETURN THIS FORM TO:

AJWS, Attn: Elizabeth Briand, 45 West 36th Street, New York, NY 10018 • plannedgiving@ajws.org • fax: 212.792.2930