

## National Association of Charitable Gift Planners Legacy Circle

\*Confidential Membership Acceptance Form\*

Thank you for informing us of your generous commitment to the National Association of Charitable Gift Planners through your estate plans. These gifts provide critical philanthropic support for advocacy, access, and education—all of which support the many causes that improve where we live and work.

I/we wish to be recognized with membership in the Legacy Circle and would like to join with other members to ensure the continued growth of the National Association of Charitable Gift Planners.

Name	Phone		
Address_			
City	State	Zip	
Email			
I have provided for the future of the National Association of Charitable Gift Planners in the following manner:			
□ Bequest through will or trust	□ Life insurance		
□ Charitable remainder trust	☐ Bequest of retirement plan assets		
□ Charitable lead trust	☐ IRA distribution		
□ Real estate	□ Other		

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□ Attached find a copy of the page or paragraph	that describes my future gift provision.
My gift is to be used as follows:	
Please list me (and/or my spouse, or company, o	
as: □ You have my permission to include my name i website) recognizing Legacy Circle members.	
☐ You have my permission to use my name in in my gift and its positive impact on the future of the Planners.	ternal and external published articles describing the National Association of Charitable Gift
□ I prefer that you <u>do not</u> include my name in promembers. Please consider me an anonymous do	
□ I prefer that you <u>do not</u> include my name or u external publications.	se information about my gift in any internal or
Signature	Signature
Date of birth	Date of birth

Gift should be directed to: National Association of Charitable Gift Planners 1075 Broad Ripple Avenue, #306 Indianapolis, IN 46220

EIN: 351796186