



LEGACY CIRCLE ENROLLMENT FORM



Breaking through Barriers

BENEFICIARY: AAUW

TODAY'S DATE ___/___/___

NAME _____ DATE OF BIRTH ___/___/___

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BRANCH/STATE _____ PHONE _____

*Please complete the information below to the extent you are comfortable. This information helps AAUW leadership plan for the future, but it is **not a requirement** of membership in the Legacy Circle.*

I HAVE PROVIDED A GIFT THROUGH MY ESTATE PLAN USING THE FOLLOWING METHOD:

AMOUNT OR CURRENT
ESTIMATED VALUE (OPTIONAL)

1. AN OUTRIGHT BEQUEST IN MY WILL OR LIVING TRUST

A. PERCENTAGE/SHARE OF ESTATE (_____ %) \$ _____

B. SPECIFIC DOLLAR AMOUNT \$ _____

C. PROPERTY DESCRIPTION _____

_____ \$ _____

2. A BENEFICIARY DESIGNATION OF MY IRA, 401 (K), OR KEOGH \$ _____

3. PLEASE CHECK ALL THAT APPLY:

MY GIFT MAY BE USED IN THE AREAS OF GREATEST NEED AS THE BOARD OF DIRECTORS MAY DETERMINE, OR

I WOULD LIKE MY GIFT DESIGNATED TO _____.

I AUTHORIZE MY NAME TO BE LISTED AS A LEGACY CIRCLE MEMBER, OR

I PREFER TO BE LISTED ANONYMOUSLY.

I AUTHORIZE THE PUBLICATION (AT MY DEATH) OF MY BEQUEST FOR LEGACY RECOGNITION.

YOUR SIGNATURE _____

Thank you for your commitment to and support of AAUW.
Return this form to AAUW Development Office, Planned Giving,
1111 Sixteenth St. NW, Washington, DC 20036.
If you have questions, contact Carol Rognrud, senior development officer,
at rognrudc@aauw.org or 202/728-7627.

The above information about your planned gift is confidential, nonbinding, and for internal accounting purposes only.