

To benefit future generations, I/we declare this commitment to assure the continuity of LGBTQ+ services and programs provided by
Organization and I/we affirm that I/we have made the following legal arrangements for my/our gift.

Name(s): _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Optional Sections

My/Our commitment is within the following document. Please list amount or percentage:

Gift in a will or trust (*can be percentage, residual, or specific amount*)

Beneficiary of Life Insurance Policy. *Insurance Company:* _____

Beneficiary IRA or other retirement plan. *Administered by:* _____

Gift of securities or stock

Remainder of a checking or savings account. *Bank Name:* _____

Donor-Advised Fund

Gift of real estate. *Type of Property:* _____

Gift that provides lifetime income (*Charitable Gift Annuity or Charitable Remainder Trust*)

Gift that provides income to heirs (*Charitable Gift Annuity or Charitable Lead or Remainder Trust*)

Other (please indicate): _____

Attorney, Financial Advisor, Family Member, Executor, or Trustee for my/our gift is:

Name: _____ Title/Relationship: _____

Company or Firm (if applicable): _____

Phone: _____ Email: _____

Signed

Date

Signed

Date

PLEASE COMPLETE AND RETURN THIS FORM TO:

Legacy contact (name, phone, email) OR General legacy or development mailbox and phone

Organization · 1234 Street · Town, State, Zip · Website