



CONFIDENTIAL MEMBERSHIP FORM

Thank you for being a part of the **1976 Legacy Society**, a community of supporters who have made Women Against Abuse 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 children affected by domestic violence together for years to come.

This form confirms that you have made a gift to Women Against Abuse and provides some information about the specific nature of your gift at this time. Please note that this is not a legal document or 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 _____ Date of Birth _____
Name _____ Date of Birth _____
Address: _____
Phone: _____
Email: _____

☐ I/we would like to be recognized for my contribution in Women Against Abuse's 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 1976 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 Against Abuse's confidential donor files.

I/We have made the following charitable gift plans to Women Against Abuse, Inc. 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 Against Abuse is the (select one)
 - ☐ Primary Beneficiary
 - ☐ Secondary Beneficiary

☐ A Qualified Retirement Plan (IRS, 401K, 403b)

- Interest %_____ Current market value \$_____
- Women Against Abuse 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

Financial Advisor Name (optional): _____

Address: _____

Phone: _____

Email: _____

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

Purpose of Gift

Women Against Abuse 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.

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 Women Against Abuse.

Your Signature(s): _____ **Date:** _____

Women Against Abuse Review and Acceptance: _____ **Date:** _____