Legacy Circle Enrollment Form-

The information you provide is confidential.

☐ I have included AAUW nation	nal in my estate plans by will,	trust, retirement plan,	beneficiary, or
insurance policy beneficiary. AAUW may list my name as a member of the Legacy Circle in the AAUW annual report and other			
publications.	member of the Legacy Office	in the man wantan	report and other
☐ I prefer that my name be kept	confidential at this time. Plea	ase list me as "anonym	ous."
Today's date/	_		
Name		Date of birth//	
Street address			
City	State	2	_ Zip
Branch or state	Phone		
Your signature			
provided is strictly confidential. I have provided a gift through	my estate plan using the f	ollowing method:	
	☐ Revocable living trust		le oift annuity
Retirement fund beneficiary			2
This gift is			
- 11 percentage of the residually of the estate,		☐ A gift of a specific amount, \$	
Please add any other details you w	vish to share:		

Thank you for your commitment to and support of AAUW.

Return this form to

AAUW Development Office Planned Giving 1310 L St. NW, Suite 1000 Washington, DC 20005

If you have questions, contact the planned giving department at 877.357.5587.

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

Suggested language for bequests

If you are considering a bequest to AAUW, here is some suggested wording for your attorney:

After fulfilling all other provisions, I hereby give, devise, and bequeath to AAUW (Federal Tax ID #52-6037388), a charitable organization duly existing under the laws of the District of Columbia and located at 1310 L St. NW, Suite 1000, Washington, DC 20005, ______ percent of the rest, residue, and remainder of my estate [or \$_____ if specific amount] to be used in the areas of greatest need as the board of directors may determine.

