



ENROLLMENT FORM

Mail or Email this form to:

1310 L St. NW, Suite 1000

Washington, DC 20005

ATTN: Advancement

planned-giving@aauw.org

Date :
M M D D Y Y Y Y

Personal Information

Full Name :

Date Of Birth :
M M D D Y Y Y Y

Address Street :

City : State :

Zip : Country :

Email : Phone :

I would like to be recognized in the following States:

☐ I would like to appear as "anonymous" on public recognition lists ☐ You may include my/our name(s) in public recognition as a member of the Legacy Circle.

I have provided a gift through my estate plan using the following method:

Please fill in the information below to the extent that you are comfortable sharing. Any information provided is strictly confidential.

- | | |
|--|--|
| <input type="checkbox"/> WILL | <input type="checkbox"/> REVOCABLE LIVING TRUST |
| <input type="checkbox"/> RETIREMENT FUND BENEFICIARY | <input type="checkbox"/> CHARITABLE GIFT ANNUITY |
| <input type="checkbox"/> OTHER TRUST | <input type="checkbox"/> LIFE INSURANCE POLICY BENEFICIARY |

This gift is:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> A PERCENTAGE OF THE RESIDUARY OF MY ESTATE. TRUST, OR RETIREMENT PLAN | <input type="text"/> % |
| <input type="checkbox"/> A GIFT OF A SPECIFIC AMOUNT | <input type="text"/> \$ |
| <input type="checkbox"/> A GIFT OF A SPECIFIC ASSET | ASSET TYPE: <input type="text"/> |

PLEASE ADD ANY ADDITIONAL DETAILS YOU WISH TO SHARE:

AAUW MEMBER : ☐ Yes ☐ No

BRANCH :

Suggested Language 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.

Signature

THANK YOU FOR YOUR COMMITMENT TO AAUW