

Grace and Charles Fuller

LEGACY CIRCLE

MEMBERSHIP FORM

Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Date(s) of Birth: _____

Email: _____

PLEASE TELL US ABOUT YOUR LEGACY GIFT TO FULLER:

- I/We have included Fuller in my/our estate plans in the following ways:
- Included a gift for Fuller in a will or living trust
 - Named Fuller as a beneficiary of a charitable remainder trust or charitable lead trust
 - Named Fuller as a beneficiary of a life insurance policy or retirement plan
 - Other (please specify): _____

Estimated value of my/our gift (optional): _____

PLEASE TELL US HOW YOU WOULD LIKE YOUR LEGACY GIFT TO BENEFIT FULLER:

- Unrestricted (wherever needed most)
- Designated (please list the program): _____

MAY WE RECOGNIZE YOU AS A LEGACY CIRCLE MEMBER?

- I/We would be pleased to be recognized as a member(s) of the Grace and Charles Fuller Legacy Circle.
Please list my/our name as:

- I/We prefer to be an anonymous member(s) of the Grace and Charles Fuller Legacy Circle.

Signature Date

Signature Date