

Avenues for Youth Legacy Circle

Membership Form

First and Last Name(s):		
Addre	ess:	
Phon	e:	Email:
Reco	gnition:	
	YES, I/We confirm that I/we ha	ve made a planned gift to Avenues for Youth.
	Realizing that my/our example	may encourage others to include Avenues for Youth in their estate plans,
	I/we give permission for my/ou	ur name to be recognized as indicated below. The Legacy Circle roster does
	include any details about gift a	mount.
	Recognition Name:	
] I/We prefer to remain anonymous.	
I/we	have designated Avenues for	Youth as a beneficiary of a:
	Bequest	☐ Life insurance policy or annuity
	Will or revocable trust	☐ Retirement account
	Donor Advised Fund	☐ Savings account or CD
	Charitable remainder trust	☐ Other (please specify):
	Charitable gift annuity	
Sigr	nature:	Date:
	(Donor)	
Sigr	nature:	Date:
	(Donor)	

Gifts are subject to Avenues for Youth's gift acceptance policy, available upon request.

QUESTIONS?: contact us at development@avenuesforyouth.org | LEARN MORE: avenuesforyouth.org/planned-giving