

## **Avenues for Youth Legacy Circle**

## Membership Form

First a	and Last Name(s):			
Addre	ess:			
Phon	e:	Er	mail:	
Reco	gnition:			
	YES, I/We confirm that I/we ha	ES, I/We confirm that I/we have made a planned gift to Avenues for Youth.		
Realizing that my/our example may encourage others to include Avenues f			ncourage others to include Avenues for Youth in their estate plans,	
I/we give permission for my/our name to be rec		ur name	e to be recognized as indicated below. The Legacy Circle roster does	
	include any details about gift amount.			
	Recognition Name:			
	I/We prefer to remain anonymous.			
	have designated Avenues for	r 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			
Signature:			Date:	
	(Donor)			
Signature:			Date:	
	(Donor)			
	Gifts are subject to Avenue	es for Y	outh's gift acceptance policy, available upon request.	

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

Mail to: Avenues for Youth 1708 Oak Park Avenue North, Minneapolis, MN 55411

Avenues for Youth is a Section 501(c)(3) charitable organization. Our IRS Tax ID number is 41-1765140.