

**The Cleo Eulau Legacy Society
Enrollment Form**

Donor Information

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Gift Statement

I/we have made a provision to Acknowledge Alliance in my/our estate plan in the following way(s):

Bequest

___ I/we have included a bequest for Acknowledge Alliance in my/our will or living trust.
I/we anticipate the approximate value of my/our bequest will be: \$_____.

Beneficiary Designation

___ I/we have included Acknowledge Alliance as a beneficiary of this asset
(check all that apply):

___ Retirement asset (IRA, 401k, 403b, pension, etc.)

___ Life insurance policy

___ Other assets: _____

I/we anticipate the approximate value of the above marked beneficiary designations will be \$_____.

___ I/we have included Acknowledge Alliance as an irrevocable beneficiary of a charitable remainder trust.

I/we anticipate the approximate value of this charitable remainder trust designation will be \$_____.

Optional

___ I/we have notified the following professional advisor(s) of this gift:

Attorney's name and city/town of practice:

Financial advisor's name and city/town of business:

___ I/we are making this gift ___ in honor or ___ in memory of _____.

Legacy Recognition

___ You may recognize me/us as Legacy Society members in Acknowledge Alliance publications (annual reports, website, etc).

My name/our name should appear as _____.

___ I/we prefer to remain anonymous.

Confirmation

Signed _____ Date: _____

Signed _____ Date: _____

Please sign, date, and return this form to:

Acknowledge Alliance
2483 Old Middlefield Way, Suite 201
Mountain View, CA 94043

Thank you for your support!

This form is non-binding and does not constitute a legal promise of any future donation to Acknowledge Alliance. We understand that bequests are revocable and that your estate plans may change.

Contact Information: Sharon Navarro, Executive Director
sharon@acknowledgealliance.org