



Welcome to the Friends of the Arnold Center Legacy Society – A unique group of individuals who have all created a legacy to provide a future for the Arnold Center Inc. We are honored to recognize your generosity. To better understand your intentions for this gift, we ask that you complete this form with as much detail as you are comfortable sharing.

**Contact Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**About Your Gift:**

If you are willing to disclose information about your gift, please check all that apply. If you choose to provide an estimate of the value of your gift please use today’s dollars.

Will     Trust     IRA or Retirement Plan     Life Insurance Policy

Charitable Gift Annuity     Other: \_\_\_\_\_

The approximate value of my gift is: \$ \_\_\_\_\_ OR. \_\_\_\_\_ % of my estate (optional)

**Your Gift Will Support:**

- The highest priorities of the Arnold Center Inc. (Unrestricted)
- The Martha G. Endowment Fund (resources for program enhancement and new program development)
- Other: \_\_\_\_\_

**Acknowledging Your Gift:**

\_\_\_\_\_ I would like to be recognized: \_\_\_\_\_  
(Print name as you would like it listed)

\_\_\_\_\_ I would like to remain anonymous

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_