

ENROLLMENT FORM

I/We would like to support the mission and vision of The Genesis Foundation for Children with a legacy gift:

Dated: _____ Name(s): _____ Signature(s): _____

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May we list you as a Society member in our annual report, newsletters, and/or website? Only your name(s) will be listed; no other information will appear.

Yes, I/we would like to be listed.

No, I/we would not like to be listed. I prefer my gift to remain anonymous.

If yes, how would you like your name(s) to appear? _____

Please provide your contact information below.

Address

City

State

Zip Code

Telephone

E-mail Address (optional)

Would you like to list your gift in memory or honor of anyone?

Yes, I/we would.

No, I/we would not.

If so, please write a short phrase we can use, such as "in memory of my parents, Jane & John Doe."

Thank you for your support. This form is non-binding and does not constitute a legal promise of any future donation to The Genesis Foundation for Children. We understand that bequests are revocable and that your estate plans may change.

ENROLLMENT FORM - BEQUEST INFORMATION (optional)

AGREEMENT OF CONFIDENTIALITY

Your information will be kept strictly confidential with The Genesis Foundation. Please feel free to tell us only what you are comfortable sharing.

I/we have: (please check all that apply below):

REVOCABLE BEQUEST

Included a bequest for The Genesis Foundation for Children in my/our will or living trust.

I/We anticipate that the approximate value of my/our bequest(s) will be: \$ _____

REVOCABLE BENEFICIARY DESIGNATION

Included the Genesis Foundation for Children as a beneficiary of an asset. The asset of which The Genesis Foundation for Children is a beneficiary is a: (check all that apply)

Retirement asset(s) (e.g., IRA, 401k, 403b, pension, etc.): _____

Life insurance policy(ies): _____

Other asset(s): _____

I/We anticipate that the approximate value of my/our designation(s) will be: \$ _____

IRREVOCABLE BENEFICIARY DESIGNATION

Included the Genesis Foundation for Children as a beneficiary of a charitable trust.

I/We anticipate that the approximate value of my/our trust(s) will be: \$ _____

NAME OF EXECUTOR OF TRUSTEE

First M.I. Last Title

Address

City State Zip Code

Telephone E-mail Address (optional)