THE GENESIS FOUNDATION Legacy Society

ENROLLMENT FORM

 \Box 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):
Dated:	Name(s):	Signature(s):
	a Society member in our ann s) will be listed; no other infoi	ual report, newletters, and/or website? mation will appear.
□ Yes, I/we would	l like to be listed.	
□ No, I/we would	not like to be listed. I prefer m	y gift to remain anonymous.
If yes, how would y	vou like your name(s) to appe	ar?
Please provide yo	our contact information below	1.
Address		
City	State	Zip Code
Telephone		E-mail Address (optional)
Would you like to	list your gift in memory or ho	nor of anyone?
□ Yes, I/we would	ł.	
□ No, I/we would	not.	
If so, please write c	a short phrase we can use, suc	h 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.

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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.):_____

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.	Lc	st Title
Address			
City		State	Zip Code
Telephone			E-mail Address (optional)

Email form to OFFICE@THEGENFOUND.ORG or mail to 60 TEMPLE PL, FL 2, BOSTON, MA 02111