

HIAS Foundation Legacy Society

Enrollment and Planned Gift Notification Form

Name: _____ Spouse's Name: _____
Home Phone: _____ Cell/Additional Phone: _____
E-mail: _____ Spouse's E-Mail: _____
Date of Birth: _____ Spouse's Date of Birth: _____

My legacy gift to HIAS Foundation is through my (please check all that apply):

- Will Living Trust Real Estate
 Retirement Account Life Insurance Policy Charitable Trust

If other, please specify: _____

If you've indicated a retirement account and/or life insurance policy above, please provide the fund or company where the account is held.

I understand that I need not reveal the size of my gift in order to become a member of the HIAS Foundation Legacy Society. However, to help HIAS Foundation with its long-term planning, I wish to disclose the following which will be held in strictest confidence:

- My gift is stated as a specific dollar amount \$ _____
 My gift is stated as a percentage, which is estimated to be worth \$ _____

You may publish my/our names in appropriate HIAS Foundation publications (including web based) as a member of the HIAS Foundation Legacy Society. Please list my/our names as:

I/we wish to remain anonymous

Sharing the provisions of your will, trust or beneficiary designation form would be helpful but is not required. This form is not a legally binding document and does not constitute a legal promise of any future donations to HIAS Foundation. We understand that bequests are revocable and that your estate plans may change. If any changes are made to this provision, please notify HIAS Foundation.

Signature _____ Date _____

Signature _____ Date _____

QUESTIONS: Please contact Jonathan Boiskin at (301) 844-7900 or jonathan.boiskin@hiasfoundation.org

PLEASE RETURN THIS FORM TO: HIAS Foundation: Attn: Jonathan Boiskin, 1300 Spring St., Ste 500, Silver Spring, MD 20910