



Estate/Bequest Gift Confirmation

Donor Name: _____ DOB (mo/yr optional): _____

Spouse Name: _____ DOB (mo/yr optional): _____

Address: _____

City: _____ ST: _____ Zip: _____

Children's names (optional): _____

Please circle: **I/we** have made provisions acknowledging ACCESS as a beneficiary of my/our estate through:

- Will/bequest/Living trust for _____% percent Specific Amt. \$ _____
- Gift Annuity Retirement Plan/IRA Life insurance policy Real property
- Other (please describe) _____

(Optional) Estimated/known value of gift: \$ _____ Value unknown at this time

Please list my/our names(s) as listed below:

- I/we would be happy to submit a testimonial/quote and/or photo for use in promotional purposes
- Yes, I want to inspire others to make a similar gift. I approve of name only public recognition of this gift.
- No, please do not publish my/our names regarding this gift. I/we prefer to be listed as Anonymous.
- My/our gift is unrestricted. Please use as the board recommends/where most needed.

I would like to restrict my gift for: Food/Nutrition Housing/Shelter Sr. Outreach Medical Equip.

If I/we make changes to our gift in the future, we will notify the ACCESS-Development Dept. at 541-690-3974

- Yes, I want to be recognized as a member of the **Legacy Society**.

Donor Signature: _____

Spouse Signature: _____

Dated: _____

Dated: _____

Office use only: Received: _____ Acknow. sent: _____ DP: _____ Recogn. _____