

# PINKY SWEAR FOUNDATION

## Membership Form

Name: \_\_\_\_\_

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

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

Recognition:  Realizing that my/our example may encourage others to include Pinky Swear Foundation in their estate plans, I/we hereby give permission for my/our name to be recognized as indicated below. The Keeper Society roster does not include gift amount.

I/We prefer to remain anonymous

Please tell us why you decided to include Pinky Swear Foundation in your estate plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Value of my/our Gift: \_\_\_\_\_

I/we have designated Pinky Swear Foundation's Endowment as a beneficiary\* of a:

- Will or Revocable Trust\*    Charitable Remainder Trust    Life Insurance Policy or Annuity  
 Retirement Account    Savings Account or CD    Other (please specify): \_\_\_\_\_

*\*By making Pinky Swear Foundation a beneficiary of your estate, you are a member of Pinky Swear Foundation's Keeper Society. You will be recognized as a Keeper Society Member in publications in the same format you indicated above. Welcome to the Keeper Society!*

Please use my estate gift for the following purpose:

- Endowment    Greatest Need    Other (please contact Development Staff to discuss)



*Please consider providing a copy or excerpt of your planning documents and contact information to your professional advisors.*

Attorney/Firm: \_\_\_\_\_

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

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

Financial Planner/Firm: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Donor*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Donor*

*Gift is subject to the Pinky Swear Foundation Investment, Spending and Gift Acceptance Policies and the Pinky Swear Foundation Endowment Board Resolution, all available upon request.*

