



AZCGP Legacy Partners Program Donor Record Form

I am pleased to inform the Arizona Charitable Gift Planners (AZCGP) that I have included AZCGP in my will or future planning, preserving the work and mission of this organization for generations to come. I understand that my statement here is revocable and in no way obligates my estate or heirs.

Name: _____

Listing for publications: _____
(include spouse, as appropriate)

Preferred address: _____

Phone Numbers: Cell _____ Work _____

Email address: _____

My gift to the Arizona Charitable Gift Planners (please check all that apply) is through*:

- My will or living trust with
 - \$ _____ (a specific amount) or _____ % (a percentage of my estate)
- A beneficiary designation on my retirement plan or insurance policy.
- A charitable remainder trust or charitable gift annuity.
- A private foundation or donor-advised fund.
- A current gift of \$ _____ to support the AZCGP Endowment.
- Other: _____.
- AZCGP is a contingent beneficiary. Notes: _____.

* Please attach a copy of the will, beneficiary designation, or other paperwork, as appropriate.

The current estimated value of my estate gift is \$ _____.

I would like this gift to support:

- AZCGP's endowment fund for general organizational needs.
- A designated fund for the following purpose: _____.

- AZCGP may publish my name as a member of AZCGP's Legacy Partners.
- I would like to be a AZCGP Legacy Partner but prefer to remain anonymous.

Signature: _____ Date of Birth: _____ Date: _____

Please return this form to:

Arizona Charitable Gift Planners (AZCGP)
Attn: Stephanie Weadock, Executive Director, P.O. Box 4130, Scottsdale, AZ 85261
Phone: 602-840-2900 | Email: info@azgiftplanners.org | Website: azgiftplanners.org |
Tax ID #77-0653171