



**Legacy Society
Membership Form**

Please enroll me as a member of the Easterseals Legacy Society. To help ensure access to quality, comprehensive and compassionate programs and services provided by Easterseals Vermont I have made, or intend to make, a lasting gift as indicated below:

Deferred Gifts

I/We have made, or intend to make, the following gift(s) to Easterseals Vermont:

- Gift in my will, or a retirement plan beneficiary designation; in the amount of: \$_____ / _____ % of estate
- Gift of life insurance (*designating Easterseals Vermont as beneficiary or as an owner*)
- Gift that provides lifetime income to me and my family (*Charitable Trusts or Gift Annuity*)
- Other _____

Designation

- The gift will be unrestricted, for Easterseals Vermont's greatest needs
- I/We would like the gift to be restricted to the following program_____. If ESVT unable to use the gift for this purpose at the time it is made, it may be used for Easterseals Vermont's greatest needs
- I/We would like the gift to be restricted as outlined in my/our will

INFORMATION

Name/s: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- Please enroll me as a member of the Easterseals Vermont Legacy Society. I understand I will receive public recognition as a member of the Legacy Society.
- I wish to remain anonymous.

Authorized Signature _____ **Date** _____

Authorized Signature _____ **Date** _____

I/We worked with the following estate attorney:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Return this form to: Courtney Smith, Sr. Vice President, Major Gifts and Planned Giving, Easterseals Vermont
555 Auburn Street, Manchester, NH 03103 or casmith@eastersealsnh.org.