Legacy Circle Enrollment Form-

The information you provide is confidential.

- □ I have included AAUW national in my estate plans by will, trust, retirement plan, beneficiary, or insurance policy beneficiary.
- □ AAUW may list my name as a member of the Legacy Circle in the AAUW annual report and other publications.
- □ I prefer that my name be kept confidential at this time. Please list me as "anonymous."

Today's date//		
Name	Date of b	oirth//
Street address		
City		Zip
Branch or state	Phone	
Your signature		

Optional additional information

Please fill in the information below to the extent that you are comfortable sharing. Any information provided is strictly confidential.

I have provided a gift through my estate plan using the following method:

Will	Revocable living trust	Charitable gift annuity
Retirement fund beneficiary	□ Life insurance policy beneficiary	Other trust

This gift is

- □ A percentage of the residuary of my estate, trust, or retirement plan, _____ percent
- □ A gift of a specific amount, \$_____
- □ A gift of a specific asset

Please add any other details you wish to share:___

Thank you for your commitment to and support of AAUW.

Return this form to

AAUW Development Office Planned Giving 1310 L St. NW, Suite 1000 Washington, DC 20005

If you have questions, contact the planned giving department at 202.785.7766.

The information about your planned gift is confidential, nonbinding, and for internal accounting purposes only.

Suggested language for bequests

If you are considering a bequest to AAUW, here is some suggested wording for your attorney:

After fulfilling all other provisions, I hereby give, devise, and bequeath to AAUW (Federal Tax ID #52-6037388), a charitable organization duly existing under the laws of the District of Columbia and located at 1310 L St. NW, Suite 1000, Washington, DC 20005, _____ percent of the rest, residue, and remainder of my estate [or \$_____ if specific amount] to be used in the areas of greatest need as the board of directors may determine.

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