

**Donor Information**

## Name(s): Birthdate:

Address: City: State: Zip:

Email: Phone:

I/We prefer to be contacted: (circle one): Email Phone Text Postal mail

 **Commitment**

**I/We have already committed to a legacy gift and it is legally documented**

**Today I/We make a/our commitment & will legally formalize it within the next months (12 or less)**

Donor Signature(s): Date:

 **Organization**

 **Gift Information** *— Optional*

**Legacy gifts will be placed into a permanent** Gift in Will or Trust

**endowment fund.** Beneficiary of Retirement Plan

 Camp Name Here

**I/We am/are also exploring making legacy commitments to the following other organizations:**

 \_

 Beneficiary of Life Insurance Policy

 Cash

 Other: The value of my gift will be $ or %

#  Permission to List

To encourage others to make commitments to the future, I/we permit my/our name to be listed as follows:

 I/We wish to remain anonymous at this time.

*This commitment does not create a legal obligation and may be modified by the donor(s) at any time.*

#  Contact Information

**PLEASE COMPLETE AND RETURN THIS FORM TO:** (name, phone, and email of contact person)