



Legacy Gift Enrollment Form

Donor information:

Name: _____
Address: _____
Telephone: _____
Email: _____

Type of gift commitment

I/We have named Denise Louise Education Center as a beneficiary of my/our: (boxes to check)

- Will
- Living Trust
- Life Insurance Policy
- Retirement Account
- Donate stocks
- Charitable Remainder Trust
- Other: _____

Purpose of gift

My gift is to be used for the following purpose: (boxes to check)

- Greatest need
- Operating endowment
- Restricted for: _____

Gift amount or approximate value: \$ _____

Attached copy of relevant portions of legal documents relating to my future gift to Denise Louie Education Center or a letter from my legal or financial advisor that describes nature and purpose of gift.

Gift recognition (check boxes)

- I/We would like my/our name/s to appear in Denise Louie Education Center publications as follows: _____
- I wish to remain anonymous

Signature: _____

Date _____

Print name: _____

Signature: _____

Date _____

Print name: _____

Thank you for your legacy gift to the Denise Louie Education Center!