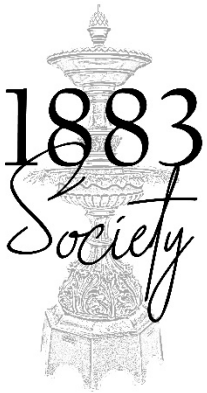

1883 LEGACY SOCIETY OF THE BUCKS COUNTY BAR FOUNDATION
ENROLLMENT FORM

Name(s) _____

Address _____

Primary Phone _____ Alternate Phone _____

Birth Date (optional) _____ E-mail _____

Affiliation(s) to the BCBA/BCBF _____

I have made an intended legacy gift to the Bucks County Bar Foundation as indicated below:

- ☐ Will (please designate: *Bucks County Bar Foundation*)
- ☐ Life Insurance Policy, Annuity, or Retirement Plan Beneficiary Designation
- ☐ Trust in which *Bucks County Bar Foundation* is named as beneficiary. Please indicate when the Foundation's interest will take effect. (For example: "Income to my spouse, then principal to Bucks County Bar Foundation.")
  Name of Trust
  _____
- ☐ Deferred Gift (i.e. Charitable Gift Annuity, Pooled Income Fund, Charitable Remainder Trust, Charitable Lead Trust, etc.) *Contact the Bucks County Bar Foundation to discuss at (215) 348-9413*.
- ☐ Other (please describe)

(Optional) Estimated amount of gift _____ or _____% of estate, policy, or account.

Note: Providing the estimated amount of the gift is not required.
Optional: Please enclose a copy of the pertinent section of your document indicating the Bucks County Bar Foundation as a beneficiary for our confidential files as a record of your intention.

Congratulations! Your gift qualifies you for membership in the *1883 Society*. We are honored to recognize you in our *1883 Society* materials unless you indicate otherwise. Thank you very much.

- ☐ Please use my/our names as follows _____
- ☐ I/We wish to remain anonymous

Printed Name	**Signature**	**Date**
Printed Name	**Signature**	**Date**