



Legacy Family Membership

I/we have made a provision for a gift to ASPIRO in my/our estate plans. Please include me/us in ASPIRO's Legacy Family.

My Information

Name _____

Name(s) Desired for Recognition Purposes _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number _____

I/we would like to remain anonymous.

Optional Gift Plan Information

ASPIRO is included in my/our gift plan as follows:

- | | |
|--|--------------------------------------|
| <input type="radio"/> Will or Living Trust | <input type="radio"/> Life Insurance |
| <input type="radio"/> Retirement Plan | <input type="radio"/> Other _____ |

Optional: Please indicate the approximate current market value of the planned gift listed above:

\$ _____ (Will not be published)

Please check one:

I/we wish to have my gift be restricted to ASPIRO's endowment; ensuring a true legacy of support.

I/we wish to leave my gift unrestricted. Please use it to support your programs.

Signature

Date

Signature

Date