

Please fill out this form so we may welcome you into the YGW Legacy Society:

Member Profile Form

Name: _____

Address: _____

City, State, Zip, Country: _____

Preferred contact method: _____

Home phone: _____ Cell phone: _____

Date of Birth: _____ Email: _____

Please choose one:

YGW may include my (and, if applicable, my spouse's) name in the YGW Legacy Society listings. (Neither amount nor designation, if provided, will be included on the listing.)

I am honored to be included in the YGW Legacy Society; however, I prefer to remain anonymous. Please do not include my/our name in the YGW Legacy Society listings.

Please tell us, in confidence, more about your estate provision for the Yeshiva of Greater Washington. The following information is optional.

I have named YGW as a beneficiary of my:

Will/Trust

IRA or Retirement Plan

Life Insurance Policy

Charitable Remainder Trust

Other (please specify): _____

This provision is stated as a: _____ Specific dollar amount (\$): _____ or a

Percentage of estate/account (%): _____ If based on a percentage, please estimate the current value of the gift to YGW (\$): _____

My gift is: Unrestricted (General Operations) or Designated for _____