



ANCHORAGE SENIOR ACTIVITY CENTER ENDOWMENT TRUST FUND – 90 + BIRTHDAY

Endowment Trust Fund

Date: _____

I/we wish to make a gift to the Endowment Trust Fund

Name: _____

Spouse/Partner’s Name, if applicable _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone _____ Mobile _____

E-mail address: Home _____

I/we wish to make a gift the following way:

Birthday Honorarium Note your Birthday date and year of birth: _____

Cash or check in the following amount: _____

Credit card in the following amount: _____

  Card number: _____ Expire Date _____ / _____

Credit card Signature

Date

I/we wish to become *Legacy Society* Member(s) with a financial gift of \$1,000 or more: Amount _____

I/we wish to become a Legacy Society Member with a planned gift in the following way:

- Bequest in my/our Will(s)
- Designate the Endowment Trust in my/our life insurance policy
- Establish a Living or Charitable Trust
- Individual Retirement Account (IRA) distribution gift
- Donate appreciated real estate

Recognition or anonymity for your gift:

If you would like to be recognized, please print your name(s) below as you would like to be recognized.

I/we wish to be acknowledged as _____

I/we wish to remain anonymous

I/We would like to make this Legacy gift in Memory and/or in Honor of the following individual(s.) Please print name(s.) Memorial _____

Honorarium _____

Legacy Gift Received By and Date: _____

The Senior Center is a tax-exempt 501(c) (3) non-profit organization with a tax number of 92-0086821. For more information, please contact Cathy Lee, Executive Director at 907.770.2000.

Thank you very much for your generosity to the Anchorage Senior Activity Center Endowment Trust Fund!