



Avondale House Legacy Society

We are privileged to welcome you into the Legacy Society of Avondale House. The Legacy Society honors those individuals who have made a planned gift or included Avondale House in their estate plans. We are grateful to you for your foresight in helping to support the long-term success and growth of our programs.

Please take a moment to complete the information below for our records.

Avondale House understands that this form is non-binding and that your future bequest remains fully revocable. The specifics of your gift will be kept strictly confidential. We recommend that you consult with your attorney and/or financial advisor.

I. CONTACT INFO

Name(s) *(As you would like to be listed on the membership list)*

Name: _____ Date of Birth: _____

Spouse/Partner: _____ Date of Birth: _____

Address: _____ Address 2: _____

City, State, Zip: _____

Email: _____

Phone Number: _____

II. TYPE AND VALUE OF GIFT

Type of Gift	Specific Amount OR	Percentage
<input type="checkbox"/> Bequest gift through will/trust	_____	_____
<input type="checkbox"/> Gift Annuity	_____	_____
<input type="checkbox"/> Life insurance beneficiary	_____	_____
<input type="checkbox"/> Charitable Trust	_____	_____
<input type="checkbox"/> Other type of gift	_____	_____
<input type="checkbox"/> Retirement plan beneficiary	_____	_____

Enclosed is a copy of the relevant section of my will/trust/beneficiary designation

IV. ADDITIONAL CONSIDERATIONS

- This gift takes effect upon my passing
- This gift takes effect upon the passing of both myself and my spouse
- This gift is contingent, based upon my surviving my heirs or other beneficiaries

V. CONTACT INFORMATION

Where applicable, it is helpful to have contact information for the relevant person or entity that will be administering the gift.

Executor/Trustee

Name: _____

Address: _____

Phone/Email: _____

Beneficiary Designation: (such as of retirement plan or life insurance policy)

Administrator/Company _____

Additional Information/Contacts You Would like Us to Know (such as family or friends to whom we may express our gratitude for your gift):

VI. SIGNATURES

Date _____ Signature _____

Date _____ Signature _____

I prefer not to be publicly recognized as a Legacy Society member.

Thank you for making a lasting mark on the lives of individuals with autism. The impact of your legacy will be felt for generations.



If you have questions about your legacy or the society, please contact Michele Wiseley at mwiseley@avondalehouse.org.