



THE LEGACY CAMPAIGN

Making a Difference Today and Tomorrow

FOUNDERS LEGACY SOCIETY PLEDGE FORM

SECTION 1:

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

- ☐ I /We wish to be referred to as _____ in any donor recognition materials.
- ☐ Include my spouse.
- ☐ I prefer to remain anonymous and do not wish to be recognized publicly at this time.

SECTION 2:

To allow us to obtain the matching gift in our Legacy Campaign, please share the following:

I/We are pleased to acknowledge that we have named Nazareth College as a beneficiary in my/our:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Will/Living Trust | <input type="checkbox"/> Donor Advised Fund | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Retirement Plan | <input type="checkbox"/> Charitable Remainder Trust | |
| <input type="checkbox"/> Life Insurance Policy | <input type="checkbox"/> Charitable Gift Annuity | |

With a gift value of:

- ☐ \$ _____
- ☐ _____ % of my/our estate, currently valued at \$ _____ for Nazareth College.
- ☐ _____ % of my/our retirement plan/life insurance, currently valued at \$ _____ for Nazareth College.

My/Our gift is:

- | | |
|---|--|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Endowed and designated specifically for: _____ |
| <input type="checkbox"/> Designated specifically for: _____ | <input type="checkbox"/> Not yet determined, Please contact me to discuss options. |
| <input type="checkbox"/> Endowed | <input type="checkbox"/> Payable upon the death of the survivor of myself and my spouse. |

SECTION 3:

DONOR SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE (if applicable): _____ DATE: _____

NAZARETH COLLEGE REPRESENTATIVE: _____ DATE: _____

Contact Tara DeLeo, Associate Director of Gift Planning, at 585-389-2401 or tdeleo9@naz.edu with any questions.