



GYAC
GIFFORD YOUTH ACHIEVEMENT CENTER

GYAC Legacy Society

Confidential Statement of Legacy Gift

LEGACY GIFT CONFIRMATION

If you have made a legacy gift to the Gifford Youth Achievement Center, Inc. (GYAC), please take a moment to complete the form below and return it to us. Legacy donors who have remembered GYAC with a life income gift or have named GYAC as a beneficiary of a will, trust, retirement plan, or life insurance policy are recognized as members of the GYAC Legacy Society.

Name: _____ Is this a joint gift? Yes No

Spouse: _____

Mailing Address: _____

Telephone: _____ Email: _____

Date of Birth: _____ Spouse Date of Birth: _____

I/We have named the Gifford Youth Achievement Center, Inc. as a beneficiary in one or more (please indicate if GYAC is named as a primary, secondary, or contingent beneficiary):

- Will or Living Trust: \$ _____ *specific amount* or _____ %
- IRA, pension, 401(k) 403 (b) or other retirement account
- Life insurance policy
- Charitable Remainder Trust (CRT)
- Charitable Lead Trust (CLT)
- Donor-Advised Fund
- Other (please specific): _____

_____ (please initial) I/We have attached copies of the documentation (ex. Sections of my will or trust, beneficiary designation forms, bank or brokerage statements, etc.).

_____ Gift Value (or best estimate)

Gift Designation (if applicable): _____

Comments: _____

Please enroll me/us as a member of the GYAC Legacy Society:

- I/we may be included in a list of GYAC Legacy Society members in GYAC publications
- I/We prefer to remain anonymous, but will accept other benefits of membership

While this form is not a binding agreement or pledge, it simply permits us to record your estimated gift, recognize you for this intention, and discuss gift restrictions, if any. The details of this form as well as any additional information you share with us will remain confidential.

Signature(s): _____ Date: _____