



# American Legion Auxiliary

## CONFIDENTIAL CHARITABLE BEQUEST INTENTION FORM

Bequests and other gifts by generous members of the American Legion Auxiliary ensure that the American Legion Auxiliary's mission-driven programs are here for the next generation of veterans and their families.

This information will allow us to properly thank you for your support and provide you with appropriate recognition. By signing this form, you are simply acknowledging your current plans to make a gift or bequest to benefit the American Legion Auxiliary in the future and giving us guidance as to your wishes.

The American Legion Auxiliary recognizes that gift plans may change over time, and your estate is not legally bound by submitting this form. We hope you will notify us of any relevant changes in your plans. We greatly appreciate your expression of support for the American Legion Auxiliary's future and its important mission.

### Donor(s):

Name(s): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Bequest Specifics:

*As evidence of my/our desire to provide a legacy of support for the programs and purposes of the American Legion Auxiliary, I/we wish to inform the American Legion Auxiliary that you have been named in my/our estate plans. A copy of the relevant provision of my/our will, trust or beneficiary designation form is attached. If I make change to this provision, I will notify the Auxiliary of such change.*

*As of this date, the estimated value of my/our gift is \$ \_\_\_\_\_.*

*My/our planned gift is a percentage of my/our estate: \_\_\_\_\_ %*

*(If your gift is a percentage of your estate, please indicate the approximate present value of that percentage on the first line above.)*



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## Recognition:

*ALA recognizes that estate planning is a highly personal matter. Only those donors who give permission will have their names listed, such as in the Annual Report, special publications or other donor recognition vehicles.*

I/We would like others to be encouraged by my/our example, and I/we hereby give permission for my/our name(s) to be recognized as follows:

Printed Names: \_\_\_\_\_  
\_\_\_\_\_

I/We would like to remain anonymous and prefer that my/our name(s) not be published.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this form to:

American Legion Auxiliary  
8945 N. Meridian Street  
Indianapolis, IN 46260

Thank you for your thoughtful support of the American Legion Auxiliary. If you wish more detailed information on including the Auxiliary in your estate plan, please contact our Development Division at (317) 569-4500 or [development@ALAforVeterans.org](mailto:development@ALAforVeterans.org).