

KEEPER SOCIETY

PINKY SWEAR FOUNDATION

Membership Form

Name: _____

Address: _____

Email: _____ Phone: _____

Recognition: ☐ Realizing that my/our example may encourage others to include Pinky Swear Foundation in their estate plans, I/we hereby give permission for my/our name to be recognized as indicated below. The Keeper Society roster does not include gift amount.

☐ I/We prefer to remain anonymous

Please tell us why you decided to include Pinky Swear Foundation in your estate plan:

Approximate Value of my/our Gift: _____

I/we have designated Pinky Swear Foundation as a beneficiary* of a:

☐ Will or Revocable Trust* ☐ Charitable Remainder Trust ☐ Life Insurance Policy or Annuity
☐ Retirement Account ☐ Savings Account or CD ☐ Other (please specify): _____

**By making Pinky Swear Foundation a beneficiary of your estate, you are a member of Pinky Swear Foundation's Keeper Society. You will be recognized as a Keeper Society Member in publications in the same format you indicated above. Welcome to the Keeper Society!*

Please use my estate gift for the following purpose:

☐ Greatest Need ☐ Endowment ☐ Other (please contact Development Staff to discuss)



Please consider providing a copy or excerpt of your planning documents and contact information to your professional advisors.

Attorney/Firm: _____

Address: _____

Email: _____ Phone: _____

Financial Planner/Firm: _____

Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Donor

Signature: _____ Date: _____

Donor

Gift is subject to Pinky Swear Foundation's Gift Acceptance Policy, which is available upon request.

