



Friends of Georgia State Parks & Historic Sites
199 S. Erwin St, Suite 100
Cartersville, GA 30120
770.383.8900 | 888.948.2092

Legacy Society Enrollment Form

This form is non-binding and does not constitute a legal promise of any future donation to Friends of Georgia State Parks. We understand that bequests are revocable and that your estate plans may change.

About You

Full Name: _____
Last *First* *M.I.*

Spouse Name (if appropriate): _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

May we list your name as a member in our publications (our magazine, annual report, website, etc.)? If you select no, we will not share your name and will list you anonymously. YES NO

If yes, how would you like your name(s) listed (e.g. "Bob & Sue Smith," or "Mr. & Mrs. Jones")? _____

If you would like to list your gift in memory or honor of someone, please enter a short phrase here (e.g. "In honor of John Smith" or "In memory of our parents"). _____

Please tell us a little about why it is important to you to support Georgia's state parks and historic sites.

May we share this story with others? YES NO

The following information will be kept strictly confidential by Friends of Georgia State Parks & Historic Sites. Sharing the type and amount of your gift helps us to confidently plan for our future. However, you may share as few or as many details as you like on the form below. **Please complete only the sections you are comfortable with.**

About your Gift

I/we have chosen to support Friends of Georgia State Parks & Historic Sites with a legacy gift.

Bequests

Specific Bequest - I/we have included a specific bequest in my/our will or living trust. The approximate anticipated value of the gift will be: \$ _____

Residual Bequest - I/we have included a bequest that the remainder of my estate be gifted to Friends of Georgia State Parks. The approximate anticipated value of the gift will be: \$ _____

Percentage Bequest - I/we have included a bequest that a percentage of my estate be gifted to Friends of Georgia State Parks. The approximate anticipated value of the gift will be: \$ _____

Beneficiary Designations

I/we have named Friends of Georgia State Parks & Historic Sites as a full or partial beneficiary of the following assets (check all that apply):

Retirement asset (such as an IRA, 401K, pension, 403b, etc.) The approximate anticipated value of the gift will be: \$ _____

Life insurance policy(ies): - I/we have included a bequest in my/our will or living trust. The approximate anticipated value of the gift will be: \$ _____

Insurance Provider: _____ **Policy #:** _____
Insurance Provider: _____ **Policy #:** _____

Other asset(s) - I/we have included a bequest in my/our will or living trust. The approximate anticipated value of the gift will be: \$ _____

Additional Details: _____

Other Gifts

I/we have made other plans for a legacy gift. The approximate anticipated value of the gift will be: \$ _____

Additional Details: _____

Executor or Trustee

If you choose, please provide us with contact information for your executor or trustee:

Full Name: _____
Last First M.I.

Company: _____

Address: _____
Street Address Suite #

City State ZIP Code

Phone: _____ Email: _____

Signatures

Signature: _____ Date: _____
Printed Name: _____

Signature: _____ Date: _____
Printed Name: _____

After completing this form, please make a copy for your records and return it to Friends of Georgia State Parks by one of the following methods:

In person or by mail addressed to: Friends of Georgia State Parks & Historic Sites
Attn: Damon Kirkpatrick
199 S. Erwin St., Suite 100
Cartersville, GA 30120

By Fax: 770-383-8920

By Email: legacysociety@friendsofgastateparks.org

If you have any problems or questions while completing this form, please don't hesitate to reach out to us. Contact Damon Kirkpatrick, Director of Development at 770.383.8900 or via email at legacysociety@friendsofgastateparks.org.