

# Grace and Charles Fuller

## LEGACY CIRCLE

### MEMBERSHIP FORM

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Email: \_\_\_\_\_

**PLEASE TELL US ABOUT YOUR LEGACY GIFT TO FULLER:**

- I/We have included Fuller in my/our estate plans in the following ways:
- Included a gift for Fuller in a will or living trust
  - Named Fuller as a beneficiary of a charitable remainder trust or charitable lead trust
  - Named Fuller as a beneficiary of a life insurance policy or retirement plan
  - Other (please specify): \_\_\_\_\_

Estimated value of my/our gift (optional): \_\_\_\_\_

**PLEASE TELL US HOW YOU WOULD LIKE YOUR LEGACY GIFT TO BENEFIT FULLER:**

- Unrestricted (wherever needed most)
- Designated (please list the program): \_\_\_\_\_

**MAY WE RECOGNIZE YOU AS A LEGACY CIRCLE MEMBER?**

- I/We would be pleased to be recognized as a member(s) of the Grace and Charles Fuller Legacy Circle.  
Please list my/our name as:  
\_\_\_\_\_
- I/We prefer to be an anonymous member(s) of the Grace and Charles Fuller Legacy Circle.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date