

Circle	Date/Time
The information you provide is confidential.	
Name	Date of Birth
Address	
City	Zip Code
Country	
Email Phone Numb	per
Branch or State	Signature:
☐ I have included AAUW in my estate plans by will, trust, retirement pla	n, beneficiary, or insurance policy beneficiary.
☐ You may include my/our name(s) in public recognition as a member of	of the Legacy Society.
Please print how you would like your name(s) to appear:	
☐ I prefer that my name be kept confidential at this time. Please list me	as "anonymous."
Optional additional information	
Please fill in the information below to the extent that you are comfortable Any information provided is strictly confidential.	e sharing.
I have provided a gift through my estate plan using the following me	ethod:
☐ Will ☐ Revocable living trust	☐ Charitable gift annuity
☐ Retirement fund beneficiary ☐ Life Insurance policy beneficiary	Other trust
The gift is:	
A percentage of the residuary of my estate. trust, or retirement plan	Percentage
A gift of a specific amount	Amount \$
A gift of a specific asset	Asset type
Please add any other details you wish to share:	
Thank you for your commitment to an	d support of AAUW.

Click on "submit by email" above or print and return this form to:

AAUW Development Office Planned Giving 1310 L St. NW, Suite 1000Washington, DC 20005

If you have questions, contact the planned giving department at 877.357.5587. or planned-giving@aauw.org The information about your planned gift is confidential, nonbinding, and for internal accounting purposes only.

Suggested language for bequests for your attorney:

After fulfilling all other provisions, I hereby give, devise, and bequeath to AAUW (Federal Tax ID #52-6037388), a charitable organization duly existing under the laws of the District of Columbia and located at 1310 L St. NW, Suite 1000, Washington, DC 20005, _____ percent of the rest, residue, and remainder of my estate [or \$______ if specific amount] to be used in the areas of greatest need as the board of directors may determine.