



## PUSD Education Foundation Legacy League

In recognition of your intention, it is our great pleasure to induct you as a member of the PUSD Education Foundation (PUSDEF) Legacy League. This select group comprises those having made a thoughtful and generous planned gift to support our mission.

Yes, you may publicize my/our name as members of the PUSDEF Legacy League. I/ would like our name(s) listed in publications as: \_\_\_\_\_

I/We prefer that my/our intention is to remain anonymous.

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**Your Charitable Bequest Intention**  
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Please use this form to share specifics of your bequest intention for the benefit of Prescott Unified School District through the PUSD Education Foundation. This form is for informational purposes only. Your estate is not (and will not be) legally bound by submitting this statement but remains revocable and can be modified at any time.

This information will be held in strictest confidence.

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

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

State: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Bequest specifics

As evidence of my/our desire to provide a legacy of support for the benefit of PUSD through the PUSD Education Foundation, I/we wish to inform PUSDEF that you have been named in our estate plans.

As of this date, the approximate value of my/our gift is \$\_\_\_\_\_ (If your gift is a percentage of your estate, please indicate the approximate present value of that percentage.)

Please check the appropriate box:

- Outright Bequest** - When you leave a specified dollar amount, personal property, life insurance etc. to PUSDEF.
- Residual bequest** - A residual bequest enables you to leave what remains in your estate, or a portion of what remains, after all outright bequests, expenses of death, debts and taxes have been paid.

I/We designate this gift to be used for:

Unrestricted Support (where the need is greatest) OR  The following Department or Program \_\_\_\_\_

\_\_\_\_\_

# PUSD Education Foundation

## Charitable Bequest Intention

Bequest is in: \_\_\_ Will \_\_\_ Revocable Trust \_\_\_ Life Insurance \_\_\_ Other (please indicate)

\_\_\_\_\_

Execution date of the will/trust: \_\_\_\_\_

Attorney of Record: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone: \_\_\_\_\_

Executor of estate: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I have attached a photocopy of the relevant portion of my will revocable trust.

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

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature