

LEGACY SOCIETY DONOR COMMITMENT FORM



Yes, I/we want to leave a legacy through the Adams County Library System as it continues to connect people to opportunities that enrich their lives!

NAME(S) _____

ADDRESS _____

EMAIL _____ PHONE _____

Your DATE OF BIRTH _____ PARTNER'S DATE OF BIRTH _____

NAME(S) FOR PUBLICATION _____

I/we wish to contribute anonymously. Please do not list my name in publications.

I/WE HAVE INCLUDED THE ACLS IN MY/OUR ESTATE PLAN THROUGH MY/OUR

- Bequest Life Insurance Beneficiary Retirement Plan Beneficiary
- Will Living Will Charitable Remainder Trust

Other _____

THIS LEGACY GIFT WILL BE

A specific amount: \$ _____ A gift of a specific asset: _____

A percentage of the residuary of my estate, trust or retirement plan, _____ percent.

MY LEGACY GIFT IS FOR

- Unrestricted (ACLS may use at their discretion)
- Children's Programming
- Adult Programming

I/we understand this form is not a legal obligation and may be changed at my/our discretion at any time.

Name

Name

Signature

Signature

Date

Date

Please return form to Erica Duffy, Development Director, ACLS, 140 Baltimore Street, Gettysburg, PA 17325

Questions? Please call Erica at 717.334.0163 or email @ ericad@adamslibrary.org

The ACLS is a tax-exempt 501(c)(3) nonprofit organization. Tax ID: 23-1352002. Contributions are deductible as allowed by law. Thank you for opening Gateways of Exploration for the residents of Adams County, PA!