

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 \_\_\_\_\_

Preferred form of contact

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

Preferred form of contact

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)
- Restricted to Most Urgent Needs
- Restricted to Children's Programming
- Restricted to Adult Programming
- Restricted to the collection/materials (books, etc.)

**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 Dawn Smith, Development Officer, ACLS, 140 Baltimore Street, Gettysburg, PA 17325 or email [dawns@adamslibrary.org](mailto:dawns@adamslibrary.org). Questions? Please call Dawn at 717.334.0163.

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!