



THE FOUNDERS SOCIETY

LEGACY GIVING ♥ FRIENDSHIP HOME

MEMBERSHIP FORM

Thank you for joining The Founders Society. Your gift will help secure Friendship Home's future and leave a lasting legacy to support people with developmental disabilities.

- Name _____
- I/we wish to be referred to as _____
in any recognition materials.
- Include my spouse _____
as a Founders Society member.
- I prefer to remain anonymous and do not wish to be recognized publicly at this time.

OPTIONAL INFORMATION:

Please provide only the information that you are comfortable sharing with us.

We appreciate and understand that situations may change, so please know you can make adjustments to this membership at any time. Your information is kept confidential with the Planned Giving staff.

I/We are pleased to acknowledge that I/we have named Friendship Home as a beneficiary in my/our:

- Will/Living Trust
- Retirement Plan
- Charitable Remainder Trust
- Life Insurance Policy
- Other: _____

My gift to Friendship Home is:

- Unrestricted
- Designated specifically for: _____
- Not yet determined. Please contact me to discuss options.

The estimated value of my gift is:

- \$ _____
- _____ % of my estate, currently valued at \$ _____ for Friendship Home
- _____ % of my retirement plan/life insurance, currently valued at \$ _____
for Friendship Home