

ENROLLMENT FORM

Name of Donor: _____

Name of Spouse (or other beneficiary): _____

Date(s) of Birth: ____/____/____ ____/____/____

(Donor)

(Spouse or other beneficiary)

PART I. CONFIRMATION

Please let us know the terms of your Planned Gift.

A. Type of Planned Gift:

I have provided for the USA Artistic Swimming Foundation through my:

Will Insurance Policy Other

B. My Planned Gift is in the following form and amount:

Estimated Dollar Amount \$ _____ Percent of the Estate _____%

Cash: Amount \$ _____

Specific Asset: _____

Life Insurance Beneficiary: Dollar Amount \$ _____ Percent of the Benefit

_____% Life Insurance Carrier/Policy: _____

PART II. ACKNOWLEDGEMENT

Please let us know if/how we may recognize your generosity.

- YES, I give permission for the USA Artistic Swimming Foundation to count the value of my gift as a revocable deferred gift in their fundraising totals.
- YES, I give the USA Artistic Swimming Foundation permission to publish my/our name(s) in communications materials, the website and donor acknowledgements. I understand that this will serve as an incentive for other loyal supporters to give.
- YES, please enroll me as a member of the Carol Valles Legacy Society.

How do you wish your name(s) to be listed in any materials and communications that Acknowledge your gift intention?

NO, I wish my gift to remain anonymous.

I understand that I am NOT making a legal or binding commitment by submitting this acknowledgement. Furthermore, the USA Artistic Swimming Foundation should understand that the size of my future gift may be significantly different from the amount estimated above for the purposes of valuation.

Signed: _____

Print Name: _____ Date of Birth ____/____/____

Date: ____/____/____ Phone: _____

Please return this completed acknowledgment form to



USA Artistic Swimming Foundation
C/O Amanda Styninger
PO Box 7701
Woodland Park, CO
80863

Or email to:
astyninger@usaartisticswimmingfoundation.org