

# 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 Amount: 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 Kris Chapman-Person  
 9365 Counselors Row Suite 200  
 Indianapolis, IN 46240-6418