

SCOTTSDALE LEADERSHIP LEGACY CIRCLE

I/we have made estate planning provisions for the benefit of *Scottsdale Leadership INC*

Name _____ Birthdate ___/___/___ Class/Year _____

Name _____ Birthdate ___/___/___ Class/Year _____

Address _____

City, State, Zip _____ Phone _____

E-mail _____

Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail

This provision for the future benefit of *Scottsdale Leadership INC* is a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Provision in Will | <input type="checkbox"/> Beneficiary of Retirement Accounts | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Provision in Trust | <input type="checkbox"/> Real Estate (Home, Farm, Business) | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> Charitable Gift Annuity | <input type="checkbox"/> Beneficiary of a Life Insurance Policy | <input type="checkbox"/> Other _____ |

The estimated current* value of this gift is \$ _____ OR _____ %

*Scottsdale Leadership INC recognizes that this value is an approximation and may change due to market and lifetime reasons.

Preferably, the gift will be used to: _____

We understand that circumstances may differ in the future. You are allowed to **change your mind at any time**. If you do alter your will or trust at a later date, please let us know.

Recognition:

As members of the *Scottsdale Leadership Legacy Group* and for purposes of advancing the organization's mission, *Scottsdale Leadership* regarding specific gift purpose stated above:

- May publicize this gift.
- May publicize my name but not the gift amount.
- May publicize my gift, but I wish to remain anonymous.
- Must contact me before any publicity involving this gift.

Signature(s) _____ Date _____

_____ Date _____



Please return the completed form to:
Scottsdale Leadership INC
10533 East Lakeview Drive
Scottsdale, AZ 85258
Fax: 480-627-6718
Phone: 480-627-6710
Web: scottsdaleleadership.org

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If you are comfortable with it, please list the currently named personal representative/trustee/administrator of the estate, retirement plan, or insurance/annuity policy:

Name _____

Phone Number _____

Address _____

City, State, Zip _____

E-mail _____



Any Notes You Would Like To Add: _____



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