

Legacy Society
BEQUEST INTENTION FORM

Thank you for your intention to fulfill your charitable legacy in partnership with the American Geophysical Union (AGU). This form will also allow us to honor you as a member of AGU’s Legacy Society.

This document does not bind you or your estate. By signing this form, you are acknowledging your current plans to benefit AGU in the future and giving us guidance as to your wishes. AGU recognizes that gift plans may change over time, and we hope you will consider notifying us of any relevant changes in your plans.

We very much appreciate your expression of support for AGU and its important mission.

CONTACT INFORMATION

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

GIFT INFORMATION

Please describe the nature of your gift*:

- | | |
|--|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Life Insurance Policy |
| <input type="checkbox"/> IRA or Other Retirement Account | <input type="checkbox"/> Other: _____ |

**Please attach a copy of the documentation of your gift. All such information will be kept confidential.*

Please provide an estimate of the current value of your deferred gift to AGU:

The estimated value of the gift will remain confidential and will not be published or listed.

- | | |
|--|---|
| <input type="checkbox"/> Minimum \$10,000 | <input type="checkbox"/> \$1 million - \$5 million |
| <input type="checkbox"/> \$10,000 to \$100,000 | <input type="checkbox"/> \$5 million - \$10 million |
| <input type="checkbox"/> \$100,000 - \$500,000 | <input type="checkbox"/> \$10 million and above |
| <input type="checkbox"/> \$500,000 - \$1 million | <input type="checkbox"/> Other: _____ |

What AGU fund would you like to support with your Legacy Society gift?

RECOGNITION

AGU recognizes that estate planning is a highly personal matter. Only those donors who give permission will have their names recognized, such as in the Annual Report, website, etc. as members of the Legacy Society.

- I/We would like others to be encouraged by my/our example, I/we hereby give permission for my/our name(s) to be recognized as members of the Legacy Society.

- I/We also would be interested in sharing my/our story with the AGU community on AGU's website or in publications.

- I/We would like to remain anonymous and prefer that my/our name(s) not be published.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Questions? Please contact:
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