



Helen & Betty Alyea Legacy Society Commitment Form

I/We wish to be recognized with membership in the Helen & Betty Alyea Legacy Society to ensure the continued growth of AbleLight's Mission of "Through Christian Love, AbleLight whole-heartedly supports and advocates for all people with developmental disabilities to ensure they have security, dignity, and hope".

Name: _____ Age: _____

Spouse or
Significant Other Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

- | | |
|--|--|
| <input type="checkbox"/> Bequest through will or trust | <input type="checkbox"/> Gift of life insurance |
| <input type="checkbox"/> Charitable gift annuity | <input type="checkbox"/> Bequest of retirement plan assets |
| <input type="checkbox"/> Charitable remainder trust | <input type="checkbox"/> Remainder interest in residence or farm |
| <input type="checkbox"/> Charitable lead trust | <input type="checkbox"/> Other: _____ |

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☐ Please find attached a copy of the page or paragraph from the will or trust bequest, beneficiary designation form for life insurance, charitable trust, beneficiary designation form for retirement plan, or other gift plan that describes my gift provision.

The estimated current dollar
value of my planned gift is

\$

Please list my name (and/or my spouse's name) for the Helen and Betty Alyea Legacy Society in the following manner:

Signed by: _____ Date: _____

Signed by: (if joint gift) _____ Date: _____