



Thank you for this ultimate gift in support of Pierce County Library System. Please share the requested information below so we may properly record your donation and understand your intent.

Donor Information

Donor Name(s): _____

Birth date(s): _____ Phone: _____ Home Cell

Current Street Address: _____

City, State Zip: _____

Email: _____

Intent & Purpose

It is my/our intention to leave an enduring gift to benefit Pierce County Library Foundation by making the organization the full or partial beneficiary of my/our:

Will Retirement Plan Donor Advised Fund Life Insurance Policy

Family Trust Real Property Other: _____

I/we would like our contribution to be used for: Where the need is greatest Other _____

Approximate Value

For Pierce County Library Foundation's planning purposes only, the estimated value of my/our legacy gift, as of today's date:

% _____ or \$ _____

I/we prefer not to share the value of our intended legacy gift at this time.

Recognition

I/we consent to having my/our name(s) listed as members of the Memoir Society on the the organization website and in publications in order to inspire generosity in others.

I/we wish to remain anonymous.

Donor Signature

Donor Signature

