



Legacy Society Membership Form

I am/we are pleased to include Morgan's Inclusion Initiative in my/our estate plans and become a member of the Legacy Society.

Name(s) _____

Address _____

City _____

State _____

ZIP Code _____

Phone _____

E-mail _____

You may include my/our name(s) in public recognition as a member of the Legacy Society. (Please print how you would like your name(s) to appear):

Name(s) _____

I/we wish to be anonymous.

I/we would like my/our estate gift to be used for the following purpose:

- Undesignated for area of greatest need
- Designated for

The following two questions are optional

1. My/our estate gift is in the form of a:

- Will/Trust
- IRA or Retirement Plan
- Life Insurance Policy
- Charitable Remainder Trust
- Other

2. The approximate amount of my/our estate gift to Morgan's is \$ _____

Signature _____

Date _____

For more information please contact Brooke Kearney, Chief Development Officer at 830-286-3216 or via e-mail at Brooke@Morgans.org.