Legacy League Membership Application

If you have made a planned gift or included the Arizona Animal Welfare League & SPCA in your will or trust, you are eligible for membership in our Angels For Animals program. The Program recognizes the valuable contributions of friends who include us in their estate plans. Most important, you join with other benefactors who are committed to furthering the mission of the Arizona Animal Welfare League and SPCA, the state's oldest and largest no-kill shelter. Details of program on separate document.

To include us in your will or estate plan, you must specify our legal name, street address and tax identification number:

Arizona Animal Welfare League and SPCA 25 N. 40th Street Phoenix, AZ 85034

> Tax ID: 23-7149453

Please note: AAWL & SPCA is NOT associated in any way with the ASPCA (American Society for the Prevention of Cruelty to Animals), nor do we receive any funding from them. We are a local no-kill shelter serving the animals in Arizona only.

We are also not associated with any national or local humane society.

| Address | | | | |
|--------------------------|-----------------|-----|-------|--|
| City | State | Zip | Email | |
| Home Phone | | | | |
| Your birthdate/s | | | | |
| Name of Attorney or Trus | t Administrator | | | |
| Check this box if you we | | | | |

To assist AAWL & SPCA in recordkeeping and future budget planning, please answer the questions below. Please note that this is information for confidential planning purposes only and is not legally binding.

| Type of Provision: | Estimated Amount |
|--|---|
| 1. Outright bequest in will: | |
| (a) Specific dollar amount \$ | \$ |
| (b) Specific property (please describe) | |
| | \$ |
| (c) Share of entire residue of estate (%) | \$ |
| 2. Conditional bequest or will (please describe conditions): | |
| | \$ |
| | |
| 3. To be funded by will: | \$ |
| (b) Other | \$ |
| 4. To be funded as beneficiary of a life insurance policy? | |
| | \$ |
| | |
| 5. Other (please describe) | |
| | \$ |
| I have dogs and cats. I would like to enroll my pe | et(s) in your Angels For Animals Program |

Please describe the purpose of your gift:

☐ general purposes — this gift is unrestricted and may be used where the need is greatest
☐ other (places describe any restrictions on a separate sheet)

 $\hfill\Box$ other (please describe any restrictions on a separate sheet)

We would appreciate a copy of the relevant section of your will or trust that makes provisions for AAWL & SPCA so that we can make every effort to ensure that your gift intentions are honored. This is not a binding agreement with AAWL & SPCA.

Signature/s Date

Mail or Email to...

Laura Hinze LHinze@aawl.org Development Department 25 N 40th St, Phoenix, AZ 85034 Phone: (602) 273-6852 ext. 106

